



VISA® BALANCE TRANSFER AUTHORIZATION FORM

Member Name: _____

Daytime Phone#: _____

Visa Account #: _____ - _____ - _____

ACCOUNTS TO BE TRANSFERRED:

Financial Institution (Creditor):	Account Number:
Payment Address:	Amount to Pay:
Financial Institution (Creditor):	Account Number:
Payment Address:	Amount to Pay:
Financial Institution (Creditor):	Account Number:
Payment Address:	Amount to Pay:

TRANSFER AGREEMENT:

By signing below, I authorize you to bill my Georgia Power Northwest Federal Credit Union (“the credit union”) Visa account in the full or partial amount(s) for the Amount to Pay indicated above. The credit union will process my balance transfer requests in the order listed above. In the event that my request(s) exceeds the amount of my credit line, I authorize the credit union to make the maximum possible partial payment. I understand that, although most balance transfers will be made sooner, transfers can take up to 4 weeks. Accordingly, I will continue to make all required payments until I confirm that the balance transfer has been completed. The credit union is not responsible for charges I may incur on my other account(s) as a result of a balance transfer request. My accounts at the credit union must be in good standing at the time the balance transfer is processed. See Cardholder Agreement, Credit Card Agreement, and Truth-In-Lending Disclosure for additional information. Unless otherwise specified, *ScoreCard Rewards* points are earned on purchases only and not balance transfers. I understand that you will advise me if you are unable to process my payment request for any reason. Balance transfers are not valid for payment of Georgia Power Northwest Federal Credit Union loans or Visa card balances.

Cardholder Signature Date