



VISA CREDIT CARD - BALANCE TRANSFER

Please double-check the information you have entered for accuracy, so Quantum can transfer your balance in a timely manner.

Name _____ **Quantum Member Number** _____

I hereby authorize Quantum Credit Union to pay off the balance(s) due on the following credit cards(s) or loan(s) by means of a CASH ADVANCE charged to my Quantum Credit Union credit card.

1. _____ \$ _____
Name of Financial Institution Account Number Amount to be Paid

_____ City State Zip
Address

2. _____ \$ _____
Name of Financial Institution Account Number Amount to be Paid

_____ City State Zip
Address

3. _____ \$ _____
Name of Financial Institution Account Number Amount to be Paid

_____ City State Zip
Address

I understand that Quantum Credit Union is not responsible for my payment being late or lost in the mail,. I also understand that there may be outstanding charges on my account and this advance may not pay off the total balance due. I further understand that if there is PLEASE NOTE: This will not cancel the above listed cards or loans. Please notify the lender to close these accounts.

X _____
Member's Signature

Date

INSTRUCTIONS - Please print, fill out, and sign the form. Then: Bring to your local branch, fax it to (316) 263-5757, or mail it to: Quantum Credit Union: Credit Card Services, 6300 W. 21st Street North, Wichita, KS 67205.