

**Visa® Credit Card Balance Transfer Request**

Date:

Cardholder Name:

Cardholder Community Choice Share Account Number:

Cardholder Social Security Number:

Community Choice Visa Platinum Credit Card Number:

**Card Transfer Details**

Card Issuer:

Card Payment Address:

City:  State:  Zip Code:

Complete Account Number:

Exact Balance to Transfer:

Card Issuer:

Card Payment Address:

City:  State:  Zip Code:

Complete Account Number:

Exact Balance to Transfer:

Card Issuer:

Card Payment Address:

City:  State:  Zip Code:

Complete Account Number:

Exact Balance to Transfer:

Card Issuer:

Card Payment Address:

City:  State:  Zip Code:

Complete Account Number:

Exact Balance to Transfer:

I understand I am responsible for continuing to make any payments due until the above requested payment has posted, as there may be a remaining balance. Checks may take up to two weeks to process, please check with your card issuer for balance verification.

Signature

Date