Visa- Balance Transfer Request

UIECU offers free balance transfers from your other credit card accounts to either Visa Classic or Visa Platinum, up to your available credit limit. We will be happy to transfer your balance from another institution at anytime. Please complete the following information. *Please Print*

Name:	
UIECU Visa Account #:	
UIECU Account #	
Address: (Street and P.O. Box)	
City:	
State:	
Zip:	
Home Phone:	
Your e-mail address:	
Rent Payment:	
Mortgage Payment:	
Social Security #:	
Mother's Maiden Name:	
Current Employer:	
Department:	
Position:	
Work Phone:	
Gross Annual Income:	
Transfer Balances From:	
1. Credit Card #:	
Issuer:	
Mailing Address:	
Balance Owed:	
2. Credit Card #:	
Issuer:	
Mailing Address:	
Balance Owed:	

(Over)

3. Credit Card #:	
Issuer:	
Mailing Address:	
Balance Owed:	

Agreement

By signing this application, you understand you are requesting UIECU to pay off these debtors with proceeds from your VISA line of credit. The total value of balance transfers to credit card accounts cannot be more than your available credit line. If the total is more, UIECU may send your creditors either full or partial payment. Allow at least two weeks for processing your request(s). You should continue to make your monthly payments to each creditor until the balance transfer appears as a credit on that account. Finance charges begin accruing on these cash advances from the transaction date without any grace period. Transactions are subject to the terms of this application and your Credit Card Agreement. If the account becomes delinquent, the promotional APR may be converted to the effective default rate. UIECU reserves the right to allocate your payments to balances (including new transactions) with lower APRs first. UIECU reserves the right to refuse any application. Balance transfer offer does not apply to existing UIECU credit lines or loans.

Find current information on rates and terms at www.uiecu.org or call UIECU at 217.278.7700.

Mail To:
University of Illinois Employees Credit Union
ATTN: VISA DEPT
PO Box 500
Champaign IL 61824-0500

Signature **X** _____ Date _____

Signature **X** _____ Date _____

11/00