Visa Balance Transfer Request Form



Fx: 808-536-8360 www.hawaiicentral.org

| Member #: Cred | Credit Card #: | |
|---|------------------------------|------------------------|
| Member Name: | | |
| Creditor Name & Address | Account Number | |
| Creditor Name & Address | Account Number | Current Balance |
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| By signing below, I give Hawaii Central Fed Creditor(s) listed above for my payoff balar | nces, to pay off the Credito | or(s) and transfer the |
| amounts to this credit card account with yo transactions do not qualify for cash reward | | nese balance transfer |
| | | |
| Member Signature | Phone Number | Date |