



VISA® Balance Transfer

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sea West Credit Card Number: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Card Type: \_\_\_\_\_  
(i.e. VISA, MasterCard, American Express, Discover)

Account Number: \_\_\_\_\_

Transfer Amount: \_\_\_\_\_

Member Signature: \_\_\_\_\_

**Please fax to Card Services: 510-434-6090**

**Or Mail To:**

**Sea West Coast Guard FCU, P.O. Box 4949, Oakland, CA 94605**