

Transfer Your Balances to "The Nicest Card You'll Ever Carry," and Start Saving — Today!

Eliminate the headache of high interest credit card bills! It's easy — just transfer your balances to your ChevronWest Credit Union Visa Platinum Credit Card. You'll enjoy:

- A great rate
- A 25-day grace period
- No balance transfer fee
- No annual or cash advance fee
- Service from people you know
- And more!

When you use your ChevronWest Visa Platinum Credit Card, you can count on local service from a team that cares about your financial well-being! That's because we are owned by the members who do business here — like you! So, enjoy our 25-day grace period and low fees — a great value without expensive "gotchas" like you might find from big national credit card issuers. It's simply the nicest card you'll ever carry!

Don't wait to save — transfer your balances today! Simply complete the form below and return it to any ChevronWest Credit Union branch or call us toll-free at (877) 208-8364.

ChevronWest Credit Union Visa Balance Transfer Request Step 1: Tell Us About Yourself *(please print)*

Full Name *(First/Middle Initial/Last):*

CWCU Savings Account Number:

Address:

CWCU Visa Card *(last 4 digits only):*

City, State, ZIP:

Telephone Number:

Step 2: Tell Us About the Lender(s) or Loan(s) You'd Like Paid Off *(Minimum Balance Transfer Amount is \$100)*

First Lender Name:

Second Lender Name:

Payment Address:

Payment Address:

City, State, ZIP:

City, State, ZIP:

Lender Account Number: *(Account must be in your name.)*

Lender Account Number: *(Account must be in your name.)*

Payment Amount: *(Must be exact dollar amount.)*
\$

Payment Amount: *(Must be exact dollar amount.)*
\$

Step 3: Sign Below to Authorize and Mail to ChevronWest Credit Union

I/We, the undersigned request the Balance Transfer payment(s) and the amount(s) be made and mailed to the lender(s) as indicated above, and the understand that once this request has been completed, signed, and returned to ChevronWest Credit Union, it cannot be cancelled. I/We also agree to be bound by the terms outlined in the ChevronWest Credit Union Cardholder Agreement.

Cardholder Signature: _____

Date: _____

Step 4: Mail or Fax to: ChevronWest Credit Union
Attn: Visa Department
100 South 500 West
Bountiful, UT 84010
Fax: (801) 683-3023



Approved: _____

Date: _____

(For office use only)

Revised: 2/2011