

Visa® Balance Transfer Authorization Form



Yes, I want to transfer the amount(s) shown below on the credit card account(s) to my PrimeTrust Visa credit card with the account number listed below.

I understand transfers are subject to my available credit.

PrimeTrust Visa Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's Name (please print)

Card #1

Card Issuer: _____ Card/Account #: _____
Address: _____
City: _____ State: _____ ZIP: _____
Exact Amount to Pay: \$ _____

Card #2

Card Issuer: _____ Card/Account #: _____
Address: _____
City: _____ State: _____ ZIP: _____
Exact Amount to Pay: \$ _____

Card #3

Card Issuer: _____ Card/Account #: _____
Address: _____
City: _____ State: _____ ZIP: _____
Exact Amount to Pay: \$ _____

By signing below, I certify that I have read and agreed to all the terms included with this offer. In addition, I authorize PrimeTrust to bill my approved PrimeTrust credit card in the amount(s) listed above. I understand that PrimeTrust will advise me when payment was mailed or if PrimeTrust is unable to process my payment for any reason. In addition, PrimeTrust will not be responsible for any charges billed to me for the account(s) indicated above.

Signature

Date

Phone