



VISA[®] Balance Transfer

Member Name: _____ Date: _____

Sea West Credit Card Number: _____

Make Check Payable To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Account Number for Balance Transfer: _____

Transfer Amount: _____

Member Signature: _____

Please fax to Card Services: 510-434-6028

Or Mail To:

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