



Credit Card Balance Transfer Request

Type in your information, print, and submit your request to the attention of the Card Services Department.

- 1. Mail: Vibe Credit Union, 44575 W. Twelve Mile Road, Novi, MI 48377
- 2. Fax: 248.596.4670
- 3. Email: Card.Services@vibecu.com

Name:

Vibe Member Number:

Primary Phone Number:

Existing Card:

- Platinum
- Platinum Preferred

Don't have a card yet?

Apply for your new Vibe credit card today on our Credit Card Overview page.

I authorize Vibe Credit Union to **advance** my Vibe credit card and mail a check to pay the amount(s) of the credit card balance(s) listed.

1. Credit Card Issuer and Mailing Address:

Credit Card Number:

Amount:

2. Credit Card Issuer and Mailing Address:

Credit Card Number:

Amount:

3. Credit Card Issuer and Mailing Address:

Credit Card Number:

Amount:

Total Balance Transfer Amount:

X _____
Primary Cardholder Signature Required

Date

Important: Please allow up to 5 business days for us to process and mail the check(s). Please continue to make the minimum payment due, as Vibe Credit Union will not be held responsible for any additional charges (e.g., additional purchases, finance charges, late fees, etc.) to the above account(s) as of the date of your request.

If you have any questions, please contact our Card Services Department at 248.596.4640.

Completed by: _____
Date: _____