

Make the check payable to: Creditor _____

Address _____

Account # to be paid: _____

Amount to be transferred to your SBCFCU credit card: \$ _____

Print your name _____

Signature _____

Date _____

Please return to:

Fax (805)687-0792
Email loans@sbcfcu.com
Address 2623 De La Vina Street
Santa Barbara, CA 93105

