

CREDIT CARD Balance Transfer Request

Date	
Branch Name	
Employee	

Member's Credit Union Account Information

Member Name	
SSN/TIN	
Card Number	
Available Balance	\$

Lender's Information

Transfer # 1	Lender's Name			
	Lender's Address	Address:		
		City:		
		State:		Zip:
	Account Number			
Amount to be Transferred	\$			

Transfer # 2	Lender's Name			
	Lender's Address	Address:		
		City:		
		State:		Zip:
	Account Number			
Amount to be Transferred	\$			

Transfer # 3	Lender's Name			
	Lender's Address	Address:		
		City:		
		State:		Zip:
	Account Number			
Amount to be Transferred	\$			

Transfer # 4	Lender's Name			
	Lender's Address	Address:		
		City:		
		State:		Zip:
	Account Number			
Amount to be Transferred	\$			

By signing below, I have confirmed the above information is correct and understand this transaction will be processed as a cash advance against my Credit Union Credit Card. I further agree to the cash advance terms and conditions noted in the Credit Union Cardholder Agreement.

Member's Signature: _____ Date: _____

Keyed by:

Branch:

Institution: