

**Credit Union CREDIT CARD
Balance Transfer Request**

Credit Union Credit Card Information

Member Name	
SSN/TIN	
Credit Card Number	
Available Credit	\$

Information Concerning Member's Credit Card Accounts with Other Card Issuers

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

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

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

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

By signing below, you confirm the above information is correct and you agree to the terms and conditions of your Cardholder Agreement. To avoid interest charges, you must repay your entire balance, including any balances you transfer to your Credit Union account, by the Payment Due Date. The transaction date on a balance transfer is the day the check is created, or the funds transfer is initiated, not the day the payee credits the transfer to your account with them. You should continue to make all required payments with your creditor to avoid fees or penalties. The Credit Union does not control when your creditor processes the payment and is not responsible for any fees or penalties you may incur from your creditor. A balance transfer cannot be used to pay any other loan or credit card account you may have with the Credit Union.

Member's Signature: _____ Date: _____

Keyed by:

Branch:

Institution: