



Mastercard/Visa Balance Transfer Request



Full Name:		Account Number:
Credit Card Limit:	Total Balance Transfer:	Last 4 of Card #:

Balance Transfer 1

Financial Institution / Card Issuer Name:	Full Account Number / Card Number:
Mailing Address for Payment:	Exact Amount To Transfer:

Balance Transfer 2

Financial Institution / Card Issuer Name:	Full Account Number / Card Number:
Mailing Address for Payment:	Exact Amount To Transfer:

Balance Transfer 3

Financial Institution / Card Issuer Name:	Full Account Number / Card Number:
Mailing Address for Payment:	Exact Amount To Transfer:

X _____
MEMBERS SIGNATURE (REQUIRED): DATE

Please be aware that any inaccuracies of account numbers and mailing addresses can cause serious delays in the completion of this request.

OFFICE USE ONLY

CU Rep _____ Date Received ____/____/____
Branch Name _____