

Balance Transfer Request

MEMBER INFORMATION

Member Name _____ Member # _____

Credit Card # (check one)

Platinum 4414 _____ (last 5 digits) Gold 4414 _____ (last 5 digits) Classic 4202 _____ (last 5 digits)

BALANCE TRANSFERS

Account Number (other institution) _____

Name on Account _____

Name of Creditor _____

Payment Address _____

city _____ state _____ zip _____

Amount to be transferred
\$ _____

Account Number (other institution) _____

Name on Account _____

Name of Creditor _____

Payment Address _____

city _____ state _____ zip _____

Amount to be transferred
\$ _____

Account Number (other institution) _____

Name on Account _____

Name of Creditor _____

Payment Address _____

city _____ state _____ zip _____

Amount to be transferred
\$ _____

MEMBER SIGNATURE

Signature _____ Date _____

Please attach a copy of most recent statement with the correct balance to be transferred

Transfers cannot be processed without a copy of your statement.

FOR INTERNAL USE ONLY	Referred by _____	Processed by _____
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