

CREDIT CARD BALANCE TRANSFER REQUEST

Member Name: _____

Member Number: _____

Contact Phone Number: _____

<i>Card Issuer #1</i>	<i>Account Number</i>	<i>Exact Amount to Pay</i>
		\$
<i>Payment Address, City, State and Zip Code</i>		

<i>Card Issuer #2</i>	<i>Account Number</i>	<i>Exact Amount to Pay</i>
		\$
<i>Payment Address, City, State and Zip Code</i>		

<i>Card Issuer #3</i>	<i>Account Number</i>	<i>Exact Amount to Pay</i>
		\$
<i>Payment Address, City, State and Zip Code</i>		

Balance Transfer Authorization

Please allow sufficient time for balances to be transferred. You may need to continue making payments on your other credit card accounts in order to maintain their current status. Credit card accounts may remain open even if the entire balance is paid and transferred to Credit Union of Ohio. You are responsible for closing the account. Balance transfer payments will be made after your application is approved. Existing Credit Union of Ohio credit card accounts must be current. The amount transferred will reduce the amount of available credit on your credit union Credit Card. Finance charges on your balance transfers will begin on the transaction date. The balance transfer feature cannot be used to pay any loan payment and we reserve the right to refuse to process any balance transfer request.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Staff Initials:

