



Credit Card Balance Transfer Form

(Please Print Legibly)

To help us process your balance transfer(s) in an expedited manner, please adhere to the following guidelines:

- To completely payoff your card(s), please list the exact amount you owe, including outstanding charges.
- Do not indicate "Pay in Full."
- Do not include any amounts in dispute.
- Please allow the credit union 10 business days to complete the balance transfer. If your payment is due within 10 business days, please continue to make your scheduled payment(s).
- Balance transfer amount(s) may not exceed the current available credit limit.

Member Information

Member Name: _____

mTCU Account #: _____

Daytime Phone #: _____

E-mail Address: _____

mTCU Credit Card Account #: _____

Credit Card Information

Company: _____

Company Address: _____

City, State, Zip: _____

Credit Card Account #: _____

Name on Account: _____

Balance Transfer Amount: _____

Credit Card Information

Company: _____

Company Address: _____

City, State, Zip: _____

Credit Card Account #: _____

Name on Account: _____

Balance Transfer Amount: _____

Credit Card Information

Company: _____

Company Address: _____

City, State, Zip: _____

Credit Card Account #: _____

Name on Account: _____

Balance Transfer Amount: _____

Credit Card Information

Company: _____

Company Address: _____

City, State, Zip: _____

Credit Card Account #: _____

Name on Account: _____

Balance Transfer Amount: _____

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By signing this transfer request, I authorize mTCU to complete the balance transfer(s) listed above. A balance transfer is always subject to a finance charge from the date of the advance to the date they are paid off in full. Credit card payments will be applied to the outstanding balance first. I understand that if this authorization is not received by mTCU at least 10 business days prior to the due date, mTCU is not responsible for any late payments, fees, or charges that may occur on the above listed credit card accounts. I also understand that this balance transfer may not pay off the total amount due and I am responsible for any remaining balance.

Signature Date

Credit Union Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____