

## **CREDIT CARD BALANCE TRANSFER**

DATE:	
MEMBER:	
Tri County Area FCU credit card #:	_
I would like to transfer the following balance to my Tri County credit care	d:
Institution:	
Address: City:	State: Zip:
Amount: \$ Account	t #:
Signature :	
Upon receipt, the balance transfer will be applied to your Tri County cre the minimum payment due on the account with the institution being pa	
mailed from our processor and can take up to two weeks to post.	
The VISA Platinum Rewards and Platinum No Rewards has an introd billing cycles. After that, your APR will be based on the corresponding monthly gradit part statement.	
monthly credit card statement.	
For Credit Union Use Only:	
Signature verified date:«Current_Date»	
What form of verification? DL Passport Military ID	
Other:	