



Your Community. Your Credit Union.

Credit Card Balance Transfer Request

Date: _____ Member Name: _____ Member #: _____

Tri County Area FCU Credit Card #: _____

Balance Transfer Information

Please transfer the following balance to my Tri County Area FCU Credit Card:

Institution Name: _____ Account #: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Amount to Transfer: \$ _____

Authorization

I authorize Tri County Area Federal Credit Union to process the balance transfer listed above.

Member Signature: _____ **Date:** _____

Important Notice

Please continue making at least the minimum payment to the institution listed above until the balance transfer is complete. A check is issued and mailed by our processor, and it may take up to **two (2) weeks** for the payment to post to your other account.

Credit Union Use Only

Signature Verified: Date _____ Initials _____

Form of ID Verified: Driver's License Passport Military ID Other: _____