



## 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: \_\_\_\_\_