

MasterCard®: Easy Balance Transfer Request

Save money with No-Fee Balance Transfers. Just print, complete and mail it in.

Payee Name:	
Payee Account Number:	
Payment Address (street address or P.O. Box):	
City, State, Zip:	
Payee Phone Number:	Exact Amount to be transferred:

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Payee Account Number:	
Payment Address (street address or P.O. Box):	
City, State, Zip:	
Payee Phone Number:	Exact Amount to be transferred:

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Payee Account Number:	
Payment Address (street address or P.O. Box):	
City, State, Zip:	
Payee Phone Number:	Exact Amount to be transferred:

Balance transfer requests will be completed within 5 business days from the date your account is opened or this form is received. In the meantime, please continue to make at least the minimum payments on your other credit cards to keep them in good standing. If you request to transfer multiple balances, we will transfer them in the order listed. Be sure you do not transfer the amount of any disputed purchases or other charges as you may lose your dispute rights. We may send a creditor a partial payment if the balance transfer request exceeds your approved credit limit. You will continue to be responsible for any balances on your other credit cards. We will not close any of the accounts from which you transfer balances. If you wish to close another account, please contact the credit issuer directly. In order to process your request, all information must be complete. Transfer requests to CASH or to yourself cannot be processed. This offer may not be used to pay other CCUMD obligations. Balance transfers will post as cash advances (with no fee incurred) to your CCUMD MasterCard and interest will begin to accrue from the date of posting. You will receive your card(s) and full credit card agreement once your request has been approved.

Member's Printed Name _____ Account Number _____

Member's Signature _____ Date _____

