

Balance Transfer Request

Member name: _____

Member number: _____

Member email: _____

Daytime phone number: _____

1st Transfer Amount

Type of account: Visa® MasterCard® Retail Other

2nd Transfer Amount

Type of account: Visa® MasterCard® Retail Other

Account number: _____

Account number: _____

Account name as it appears on statement:

Account name as it appears on statement:

Creditor: _____

Creditor: _____

Address to which you send payments:

Address to which you send payments:

Transfer Amount \$ _____ . _____

Transfer Amount \$ _____ . _____

3rd Transfer Amount

Type of account: Visa® MasterCard® Retail Other

4th Transfer Amount

Type of account: Visa® MasterCard® Retail Other

Account number: _____

Account number: _____

Account name as it appears on statement:

Account name as it appears on statement:

Creditor: _____

Creditor: _____

Address to which you send payments:

Address to which you send payments:

Transfer Amount \$ _____ . _____

Transfer Amount \$ _____ . _____

5th Transfer Amount

Type of account: Visa® MasterCard® Retail Other

6th Transfer Amount

Type of account: Visa® MasterCard® Retail Other

Account number: _____

Account number: _____

Account name as it appears on statement:

Account name as it appears on statement:

Creditor: _____

Creditor: _____

Address to which you send payments:

Address to which you send payments:

Transfer Amount \$ _____ . _____

Transfer Amount \$ _____ . _____

By signing below, I authorize MemberSource Credit Union to pay my creditors in the amount(s) indicated. I understand that MemberSource Credit Union will advise me if it is unable to process my request for any reason. I also understand that my balance transfer request(s) are subject to credit availability and my qualification as a member in good standing. I acknowledge that my request to pay off the creditors mentioned may take up to five (5) business days after submission to process and I should continue to pay those accounts accordingly. MemberSource Credit Union is not responsible for closing my other account(s). They will not close automatically even if they are paid off in full. MemberSource is not responsible for any charges billed to me for the account(s) indicated. I also understand that some limitations may apply and I cannot use this balance transfer request to payoff any MemberSource Credit Union loan. See a credit union representative for complete details.



Member Signature

----- FOR OFFICE USE ONLY -----

Teller Number: _____

Date Completed: _____

Date Received: _____