

ACCENTRA CREDIT CARD BALANCE TRANSFER REQUEST

Simply complete this form and return it to us. We will take care of the rest.

1. Card Issuer _____
Account # _____
Payment Address _____
City/State/Zip _____
Amount to Transfer \$ _____

2. Card Issuer _____
Account # _____
Payment Address _____
City/State/Zip _____
Amount to Transfer \$ _____

3. Card Issuer _____
Account # _____
Payment Address _____
City/State Zip _____
Amount to Transfer \$ _____

By signing I authorize the Credit Union to pay on my behalf each balance or portion of balance I have designated. I have read the terms and conditions below.
Member # _____
Name (printed) _____
Signature _____
Date _____

Terms and Conditions:

1. If transfer information you provide is incomplete, the Credit Union will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to your home or billing address.
2. Please continue to make your minimum required payment until the request transfer payment appears on the account's billing statement. The Credit Union is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance.
3. If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.
4. While the Credit Union can pay your accounts directly, the Credit Union can not close them for you. If you wish to close any of the transfer accounts, you must do so yourself.
5. Account balance transfers are contingent upon account setup and assigned credit limit. In some cases the Credit Union may not be able to process a balance transfer request.