

Balance Transfer Request

MEMBER INFORMATION

Member Name _____ Member # _____
 Credit Card # _____

BALANCE TRANSFERS

Account Number (other institution) _____
 Name on Account _____
 Name of Creditor _____
 Payment Address _____
 city _____ state _____ zip _____

Amount to be transferred
\$ _____

Account Number (other institution) _____
 Name on Account _____
 Name of Creditor _____
 Payment Address _____
 city _____ state _____ zip _____

Amount to be transferred
\$ _____

Account Number (other institution) _____
 Name on Account _____
 Name of Creditor _____
 Payment Address _____
 city _____ state _____ zip _____

Amount to be transferred
\$ _____

MEMBER SIGNATURE

Signature _____ Date _____

Please attach a copy of most recent statement with the correct balance to be transferred
Transfers cannot be processed without a copy of your statement.
Please return this signed form and your statements to your local branch or email to tellus@advfcu.org

FOR INTERNAL USE ONLY	Referred by _____ Processed by _____
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