

# Community Alliance Credit Union

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## Balance Transfer Request Form

If you wish Community Alliance Credit Union to pay an existing balance(s) on a credit/charge card(s) please fill out the following information. By signing below, I authorize the Credit Union to pay off the balance(s) on the following credit/charge card(s) by means of a CASH ADVANCE to my Community Alliance Credit Union VISA Credit Card.

Print Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

1. \_\_\_\_\_

Card issuer (Name of Bank, Department Store, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_  
Full Account No Amount to be paid off

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Zip Code

2. \_\_\_\_\_

Card issuer (Name of Bank, Department Store, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_  
Full Account No Amount to be paid off

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Zip Code

3. \_\_\_\_\_

Card issuer (Name of Bank, Department Store, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_  
Full Account No Amount to be paid off

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Zip Code

*I understand the Credit Union is not responsible for my payment being late or lost in the mail. I also understand there may be outstanding charges on my account and this advance may not pay off the total balance due. I further understand if there is an insufficient limit on my Credit Union credit card, that the Credit Union will pay off my balances in the order listed and return to me any accounts that cannot be paid in full.*

Signature \_\_\_\_\_ Date \_\_\_\_\_