

# BALANCE TRANSFER AUTHORIZATION

Lower your credit card costs when you transfer your other high-rate credit card balances to your Community Powered Federal Credit Union Visa® Card.

## MEMBER INFORMATION

Primary Member

Member Address

City State Zip

Authorized Signature

Credit Union Account Number

Visa® Card Number

( ) Home Phone Number ( ) Work Phone Number

## TRANSFER INFORMATION

1

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$ Exact Amount to Transfer

2

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$ Exact Amount to Transfer

3

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$ Exact Amount to Transfer

4

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$ Exact Amount to Transfer

5

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$ Exact Amount to Transfer

6

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$ Exact Amount to Transfer

Please complete this form, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION