



Members Choice Credit Union

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Print Name: _____ Member #: _____

MCCU Credit Card #: _____

Balance Transfer Request Form

If you wish Member Choice CU to pay an existing balance(s) on a credit/charge card 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 PURCHASE to my Member Choice CU VISA Credit Card.

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

_____ \$ _____
Account No Amount to be paid off

_____ Address

_____ City State Zip Code

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

_____ \$ _____
Account No Amount to be paid off

_____ Address

_____ City State Zip Code

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

_____ \$ _____
Account No Amount to be paid off

_____ Address

_____ City State Zip Code

I understand the Member Choice CU 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 Member Choice CU credit card, that the Member Choice CU will pay off my balances in the order listed and return to me any accounts that cannot be paid in full.

Signature _____ Date _____