



BALANCE TRANSFER REQUEST

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION ON THE ACCOUNTS YOU WOULD LIKE TO TRANSFER TO YOUR CREDIT CARD:

Bank (Store) Name _____ Account Name _____
Mailing Address _____ Account No. _____
_____ Amount \$ _____

Bank (Store) Name _____ Account Name _____
Mailing Address _____ Account No. _____
_____ Amount \$ _____

Bank (Store) Name _____ Account Name _____
Mailing Address _____ Account No. _____
_____ Amount \$ _____

Bank (Store) Name _____ Account Name _____
Mailing Address _____ Account No. _____
_____ Amount \$ _____

Please issue the above advances against my USAgencies Credit Union Credit Card, account number _____, Exp. Date _____, and mail each advance to the address indicated. I understand that the amount requested above cannot be more than my established credit limit or the amount available on my credit card.

Signature (must be signed)

Printed Name

USACU Account Number