

REQUEST FOR CREDIT CARD BALANCE TRANSFER

Name: _____ Phone Number: _____
FCCU Account Number: _____ Last 4 digits of Credit Card: _____

Please provide latest account statements for each account listed below
Allow 10 days for balance transfer processing

Transfer #1

Transfer Amount: \$ _____ Financial Institution Name: _____
Account Number: _____
Address: _____
City/State/Zip: _____

Transfer #2

Transfer Amount: \$ _____ Financial Institution Name: _____
Account Number: _____
Address: _____
City/State/Zip: _____

Transfer #3

Transfer Amount: \$ _____ Financial Institution Name: _____
Account Number: _____
Address: _____
City/State/Zip: _____

By signing below, I understand that my request to transfer balances from the creditors listed above may take up to 10 days after submission and I should continue to pay those accounts accordingly. First Central Credit Union is not responsible for any charges billed to me by other creditors. Balance Transfers are subject to credit availability and will be processed with the Balance Transfer Rate as stated in my Credit Card Agreement.

Member Signature

Date

Complete and fax or mail this form to:
First Central Credit Union
P.O Box 21809
Waco, Texas 76702

Sanger Ave. Fax: 254-741-2212
Chapel Rd. Fax: 254-420-4174

Hillsboro Fax: 254-582-3285
Brownwood Fax: 325-641-2613

Office Use Only

Date Received _____ Date Mailed _____ Processed by _____