



# Credit Card Balance Transfer Form

## Cardholder Information

Primary Cardholder's Name: \_\_\_\_\_

Your Phone # \_\_\_\_\_ - \_\_\_\_\_

Evergreen CU MasterCard:     -     -     -

Evergreen CU Account Number: \_\_\_\_\_

## Balance Transfer 1

Card name (check payable to): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Credit Card Phone: \_\_\_\_\_

Card Type: (Visa/MC/AMEX/other): \_\_\_\_\_

Account:     -     -     -

Amount: \_\_\_\_\_ (To be transferred to your ECU MC, min. \$100.00)

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## Balance Transfer 2

Card name (check payable to): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Credit Card Phone: \_\_\_\_\_

Card Type: (Visa/MC/AMEX/other): \_\_\_\_\_

Account:     -     -     -

Amount: \_\_\_\_\_ (To be transferred to your ECU MC, min. \$100.00)

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Balance Transfer request forms must reach the credit union before 4:00 p.m. CST 3/30/2012 to be eligible for the Balance Transfer Promotional rate. **TO COMPLETE THIS TRANSFER, YOU MUST MAIL OR BRING IN THIS FORM.**

By signing below, you authorize Evergreen Credit Union to advance the funds requested to pay the listed creditors.

X \_\_\_\_\_ Date: \_\_\_\_\_