

Balance Transfer Application

Applicant Information

Member Number: _____

Name: _____

Street: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Balances to be Transferred

1. Credit Card or Loan Name _____

Address _____

Acct # _____

Balance Amount: _____

2. Credit Card or Loan Name _____

Address _____

Acct # _____

Balance Amount: _____

3. Credit Card or Loan Name _____

Address _____

Acct # _____

Balance Amount: _____

Please Note: Closing balance and mailing address information are required.

Balance Transfer Information

By signing below, you request and authorize **riverset** credit union to sign for you and in your name deliver check(s) in the amount(s) listed, which will be charged to your **riverset** credit union Visa card account, and close the accounts being paid. You agree that **riverset** credit union has the right to obtain a current credit report in connection with **riverset** credit union's review of your application. Upon your request, we will provide you with the name and address of the consumer reporting agency from which **riverset** credit union obtained a report on you.

Signature: _____

Date: _____

Please print this page, fill out form, and fax to: 412-488-2012.