

BALANCE TRANSFER FORM

CARDHOLDER INFORMATION

Full Name:	Card Number:
Date of birth:	SSN: Phone:
Current address:	
City:	State: ZIP Code:

BALANCE TRANSFER 1

Creditor Name:	Account Number:
Address:	Amount:
City:	State: ZIP Code:
Phone:	
Account Type:	Exp:

BALANCE TRANSFER 2

Creditor Name:	Account Number:
Address:	Amount:
City:	State: ZIP Code:
Phone:	
Account Type:	Exp:

BALANCE TRANSFER 3

Creditor Name:	Account Number:
Address:	Amount:
City:	State: ZIP Code:
Phone:	
Account Type:	Exp:

- If a statement is received from your creditor during this period, continue to pay the monthly payment due in order to avoid any late charges or delinquency on that account.
- The transferred balance will appear on your credit card statement described as a balance transfer.
- Alabama One Credit Union reserves the right to refuse any balance transfer request.
- Completing the balance transfer may not close the account. To close your account, you should contact the creditor.

SIGNATURES

Cardholder:	Date:
Cardholder:	Date:

FOR OFFICE USE ONLY

Loan Officer:	Teller Number:	Date:
Notes:		
Authorizing Card Services Representative:	Date:	

Please email to accounting@alabamaone.org or fax to (205)-752-9603 to complete your balance transfer.