

CARDHOLDER INFORMATION		
Full Name:	Member Number:	
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:

BALANCE TRANSFER 1		
Creditor Name:	Card Number:	
Address:	Amount:	
City:	State:	ZIP Code:
Phone:		
Account Type:	Exp:	

BALANCE TRANSFER 2		
Creditor Name:	Card Number:	
Address:	Amount:	
City:	State:	ZIP Code:
Phone:		
Account Type:	Exp:	

BALANCE TRANSFER 3		
Creditor Name:	Card 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.
- If the balance transfer is rejected due to wrong information, Alabama ONE is not responsible for fees or interest charged to your 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 the completed form to accounting@alabamaone.org or fax to 205-752-9603.