

Balance Transfer Request Form

Member # Date of request Request taken by Teller #

Main Member First Name Initial Last Name Suffix

Joint 1 First Name Initial Last Name Suffix

Joint 2 First Name Initial Last Name Suffix

TVFCU MasterCard

TVFCU MC they want to transfer the balance on to

Creditor Name Account Type

Address

City State Zip Code Phone Number

Account Amount

Verify Account Verify Amount

Comment

Member Signature Date