

TCT Federal Credit Union

BALANCE TRANSFER FORM

To transfer a credit card balance to your TCT Federal Credit Union VISA Platinum Card, complete this form and return it to the credit union.

1. Visa MasterCard Discover Retail Store **Account Number** **Amount to be paid**

Creditor Name: _____ \$ _____

Payment Address: _____ City: _____ State: _____ Zip: _____

2. Visa MasterCard Discover Retail Store **Account Number** **Amount to be paid**

Creditor Name: _____ \$ _____

Payment Address: _____ City: _____ State: _____ Zip: _____

3. Visa MasterCard Discover Retail Store **Account Number** **Amount to be paid**

Creditor Name: _____ \$ _____

Payment Address: _____ City: _____ State: _____ Zip: _____

4. Visa MasterCard Discover Retail Store **Account Number** **Amount to be paid**

Creditor Name: _____ \$ _____

Payment Address: _____ City: _____ State: _____ Zip: _____

5. Visa MasterCard Discover Retail Store **Account Number** **Amount to be paid**

Creditor Name: _____ \$ _____

Payment Address: _____ City: _____ State: _____ Zip: _____

BY SIGNING I AUTHORIZE THE CREDIT UNION TO PAY ON MY BEHALF EACH BALANCE OR PORTION OF BALANCE I HAVE DESIGNATED. I HAVE READ THE TERMS AND CONDITIONS BELOW. 1) If transfer information you provide is incomplete, the credit union will not be able to process the transfer request. Transfers will be sent to only recognized creditors or financial institutions and will not be sent to your home or billing address. **2)** Please continue to make your minimum required payment until the requested transfer payment appears on the accounts billing statement. The credit union is not responsible for any remaining balance on that account, or any finance or other charges you incur due to delays in transferring a balance. **3)** If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor. **4)** While the credit union can pay your accounts directly, the credit union cannot close them for you. If you wish to close any of the transfer accounts, you must do so yourself. **5)** Account balance transfers are contingent upon account setup and assigned credit limit. In some cases the credit union may not be able to process a balance transfer request. **6)** Balance transfers will be processed as a cash advance against my approved TCT Federal Credit Union credit card.

First/MI/Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Credit Union Credit Card Account Number: _____

Day Phone Number: _____ Evening Phone Number: _____

Signature: _____

Return to any TCT Federal Credit Union Office by fax, mail or hand delivery.

416 Rowland Street
Ballston Spa, NY 12020
(518) 884-7002
FAX: (518) 884-7094

17 Gilbert Street,
Cambridge, NY 12816
(518) 677-2676
FAX (518) 677-2677

520 Vischer Ferry Road
Clifton Park, NY 12065
(518) 383-0106
FAX: (518) 383-0107

9 Hunter Brook Lane
Queensbury, NY 12804
(518) 793-1958
FAX: (518) 793-2177