



Ballston Spa
 Phone: 518-884-7002
 Fax: 518-884-7094

Cambridge
 Phone: 518-667-2676
 Fax: 518-677-2677

Clifton Park
 Phone: 518-383-0106
 Fax: 518-383-0107

Queensbury
 Phone: 518-793-1958
 Fax: 518-793-2177

[WWW.TCTFCU.ORG](http://www.tctfcu.org)

BALANCE TRANSFER FORM

To transfer a credit card balance to your TCT Federal Credit Union VISA Platinum Card, complete this form and return it by fax, mail or to any branch in person.

1. Card Type

Creditor Name:	Account Number	Transfer Amount
Payment Address	City	State Zip

2. Card Type

Creditor Name:	Account Number	Transfer Amount
Payment Address	City	State Zip

3. Card Type

Creditor Name:	Account Number	Transfer Amount
Payment Address	City	State Zip

4. Card Type

Creditor Name:	Account Number	Transfer Amount
Payment Address	City	State Zip

5. Card Type

Creditor Name:	Account Number	Transfer Amount
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	TCT VISA Credit Card Number		
Mailing Address	City	State	Zip
()	()		
Daytime Phone	Evening Phone		

X

Signature