



BALANCE TRANSFER REQUEST

Member Name:

Member Account Number:

Transfer #1

Transfer amount: _____

Type of account: (please check) Visa® MasterCard® Retail Other

Account number: _____

Account name as it appears on statement: _____

Creditor: _____

Address to send payments: _____

Transfer #2

Transfer amount: _____

Type of account: (please check) Visa® MasterCard® Retail Other

Account number: _____

Account name as it appears on statement: _____

Creditor: _____

Address to send payments: _____

By signing below, I authorize Tri Valley Service Federal Credit Union to pay my creditors in the amount(s) indicated. I understand that Tri Valley Service Federal Credit Union will advise me if it is unable to process my request for any reason. I also understand that my balance transfer request(s) are subject to credit availability and my qualification as a member in good standing. I acknowledge that my request to pay off the creditors mentioned may take up to five (5) business days after submission to process and I should continue to pay those accounts accordingly. Tri Valley Service Federal Credit Union is not responsible for closing my other account(s). They will not close automatically even if they are paid off in full. Tri Valley is not responsible for any charges billed to me for the account(s) indicated. I also understand that some limitations may apply and I cannot use this balance transfer request to payoff any Tri Valley Service Federal Credit Union loan.

Member Signature

Date