



VERMONT FEDERAL
CREDIT UNION

Credit Card Balance Transfer Request Form

Borrower Name: _____

CoBorrower Name: _____

Borrower Member Number: _____

CoBorrower Member Number: _____

	Credit Card Company	Credit Card Account Number	Credit Card Phone	Credit Card Payment Address	Payoff Amount	Keep Open or Close Card
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I/we authorize Vermont Federal Credit Union to receive balance information on the above account. (Required in order for form to be processed).

Signature

Date

Signature

Date

FOR OFFICE USE ONLY:	
Amount Paid: _____	
Date Called: _____	Processed By: _____