



CREDIT CARD BALANCE TRANSFER REQUEST FORM

Member Names(s): _____

VT Federal Member #: _____

VT Federal Credit Card #: _____

CREDIT CARD INFORMATION

Credit Card Company: _____

Account #: _____

Telephone #: _____

Card Payment Address: _____

Amount to be Paid: \$ _____

I/We authorize Vermont Federal Credit Union to pay the dollar amount listed above to the credit card company noted. (Required)

Signature

Signature

For Office Use Only

Amount Paid: _____ Date Called: _____ Processed By: _____