

CREDIT CARD BALANCE TRANSFER SHEET

Submit to Card Services (Including Documentation)



Making a real difference

Member Name (Please Print)	Member Number	CCM Account Number	Daytime Phone Number
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ACCOUNTS TO TRANSFER BALANCE

1	Account Number	Company Name
	Transfer Amount	Payment Address
2	Account Number	Company Name
	Transfer Amount	Payment Address
3	Account Number	Company Name
	Transfer Amount	Payment Address
4	Account Number	Company Name
	Transfer Amount	Payment Address

Total Amount to Debit Credit Card Account
\$

Member Signature	Date
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CREDIT UNION USE ONLY

Branch	Received by (Print Name)
<input type="checkbox"/> Check(s) Created	Verified by (Signature)
<input type="checkbox"/> Documentation Received	Date