



METRO FEDERAL CREDIT UNION  
2440 E. RAND ROAD  
ARLINGTON HEIGHTS, IL 60004  
MAIN (847) 670-0456 FAX (847) 670-0401

## BALANCE TRANSFER REQUEST FORM



### CREDIT CARD BALANCE TRANSFER INFORMATION

<b>1</b> Card Name:	<b>2</b> Card Name:
Payment Address:	Payment Address:
City / State / Zip:	City / State / Zip:
Account#:	Account#:
Exact Balance to Transfer:	Exact Balance to Transfer:
<b>3</b> Card Name:	<b>4</b> Card Name:
Payment Address:	Payment Address:
City / State / Zip:	City / State / Zip:
Account#:	Account#:
Exact Balance to Transfer:	Exact Balance to Transfer:

I hereby authorize METRO Federal Credit Union to reduce or payoff the amount due on the above revolving charge accounts by issuing a check to the account(s) listed above and processing a cash advance for the total amount to my METRO Visa account. I understand that if there is an insufficient credit amount available on my METRO Visa account, the Credit Union will pay the accounts in the order listed above, and inform me of any accounts that cannot be paid in full. I also understand that there may be outstanding charges on my account and that this advance may not pay the total balance due. I understand that METRO is not responsible if the payments discussed above are late or lost in the mail. I also understand that this advance is subject to credit approval and verification of my credit history.

Signature : X \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Your METRO Visa # \_\_\_\_\_ [ ] New Account

Fax completed form to 847-670-0401 Attn: Loan Department



## BALANCE TRANSFER REQUEST FORM (CONTINUED)



### CREDIT CARD BALANCE TRANSFER INFORMATION

<b>1</b> Card Name:	<b>2</b> Card Name:
Payment Address:	Payment Address:
City / State / Zip:	City / State / Zip:
Account#:	Account#:
Exact Balance to Transfer:	Exact Balance to Transfer:
<b>3</b> Card Name:	<b>4</b> Card Name:
Payment Address:	Payment Address:
City / State / Zip:	City / State / Zip:
Account#:	Account#:
Exact Balance to Transfer:	Exact Balance to Transfer:

I hereby authorize METRO Federal Credit Union to reduce or payoff the amount due on the above revolving charge accounts by issuing a check to the account(s) listed above and processing a cash advance for the total amount to my METRO Visa account. I understand that if there is an insufficient credit amount available on my METRO Visa account, the Credit Union will pay the accounts in the order listed above, and inform me of any accounts that cannot be paid in full. I also understand that there may be outstanding charges on my account and that this advance may not pay the total balance due. I understand that METRO is not responsible if the payments discussed above are late or lost in the mail. I also understand that this advance is subject to credit approval and verification of my credit history.

Signature : X \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Your METRO Visa # \_\_\_\_\_ [ ] New Account

Fax completed form to 847-670-0401 Attn: Loan Department