



Balance Transfer Request Form

Member Name: _____ Member Number: _____

Police FCU Credit Card Number (Last 4 Digits): _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Current Mailing Address: _____

I request to transfer the following account balances to my Police Federal Credit Union credit card listed above. I understand that I will need to continue to make the minimum monthly payment to each financial institution until the balance transfer has posted to the other credit card account. **Attach a copy of the last credit card statement for each account. Scan and email this completed form and statements to reply@policefcu.org or Fax to 301-817-1230. If you prefer to sign this form electronically, please indicate that in your communication.**

Member Signature: _____ Date: _____

Institution Name: _____



Payment Address: _____

Full Account Number: _____

Amount to be transferred: _____

Institution Name: _____



Payment Address: _____

Full Account Number: _____

Amount to be transferred: _____

Institution Name: _____



Payment Address: _____

Full Account Number: _____

Amount to be transferred: _____

Institution Name: _____



Payment Address: _____

Full Account Number: _____

Amount to be transferred: _____

Credit Union Use Only:

Date Received: _____

Date Processed: _____

Initials: _____

Teller #: _____