



MASTERCARD BALANCE TRANSFER FORM

MEMBER NAME: _____

REPRESENTATIVE: _____

MEMBER ACCOUNT #: _____

MC LAST 4 DIGITS: 5444 – xxxx – xxxx – _____
5410 – xxxx – xxxx – _____

Transfer #1 – Institutions Name: _____
Payoff Address: _____
Full Credit Card #: _____
Transfer Amount: \$ _____

Transfer #2 – Institutions Name: _____
Payoff Address: _____
Full Credit Card #: _____
Transfer Amount: \$ _____

Transfer #3 – Institutions Name: _____
Payoff Address: _____
Full Credit Card #: _____
Transfer Amount: \$ _____

Balance transfer checks are processed and mailed 2-3 business days from the date the request is received. The amount remitted is based on the request and may not payoff your entire balance. NCFCU does not assume responsibility for any additional charges by the institution.

MEMBER SIGNATURE

DATE

OFFICE USE ONLY:
DATE RECEIVED: _____
DATE PROCESSED: _____
PROCESSED BY: _____