



BALANCE TRANSFER AUTHORIZATION FORM

Receive a low rate of **0.00% APR** for 6 billing cycles when consolidating debt through a balance transfer.

Submit Request to: P O Box 1205, 101 Hazle Street, Wilkes Barre, PA 18702 – Fax (570) 822-2272 –
Email visaalerts@choiceone.org

I (We) hereby authorize Choice One Community Federal Credit Union to pay the amount indicated to the Card Issuer shown by issuing a check and adding the amount to my Credit Card Account. I (We) understand the amount transferred, combined with my current balance, cannot exceed my current credit limit.

Payee	Amount	Account Number
_____	\$ _____	_____
Address _____		
_____	\$ _____	_____
Address _____		
_____	\$ _____	_____
Address _____		
_____	\$ _____	_____
Address _____		

<u> X </u> _____	<u> X </u> _____
Applicant's Signature	Date
_____	Date
Applicant's Signature	Date

For each credit card balance to be paid, please supply a copy of your most recent statement if available. It is your responsibility to verify that the credit/charge cards are paid in full. Transfers may take about four (4) weeks to complete. Please continue to make payments on these credit cards until the Credit Union notifies you that the balances have been transferred. The Credit Union is not responsible for any remaining balance(s) or additional charges with regard to such accounts(s), nor for any charges resulting in any delay in the payment and transfer of balances. The Credit Union reserves the right to refuse any balance transfer requests.



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