



# CREDIT CARD BALANCE TRANSFER REQUEST

Please transfer the following to my Providence Federal Credit Union VISA Credit Card:

**Creditor #1:** \_\_\_\_\_

Account #: \_\_\_\_\_

Amount to Transfer: \$ \_\_\_\_\_

Payment Address: \_\_\_\_\_

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**Creditor #2:** \_\_\_\_\_

Account #: \_\_\_\_\_

Amount to Transfer: \$ \_\_\_\_\_

Payment Address: \_\_\_\_\_

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**Creditor #3:** \_\_\_\_\_

Account #: \_\_\_\_\_

Amount to Transfer: \$ \_\_\_\_\_

Payment Address: \_\_\_\_\_

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**Creditor #4:** \_\_\_\_\_

Account #: \_\_\_\_\_

Amount to Transfer: \$ \_\_\_\_\_

Payment Address: \_\_\_\_\_

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**Creditor #5:** \_\_\_\_\_

Account #: \_\_\_\_\_

Amount to Transfer: \$ \_\_\_\_\_

Payment Address: \_\_\_\_\_

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**NOTE: Please allow at least 10 business days for the payments to be received by creditors.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name (printed): \_\_\_\_\_

Account #: \_\_\_\_\_