

# Crou\$e Federal Credit Union

730 S Crouse Avenue Room 228  
Syracuse, New York 13210  
Phone: 315-470-7928

Complete and return via Email: [creditunion@crouse.org](mailto:creditunion@crouse.org) or Fax: 315-470-5633  
Please include a contact phone # and email address:

Member Name: \_\_\_\_\_

Last six (6) digits of Credit Card Number #: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Balance Transfer 1:**

Creditor Name: \_\_\_\_\_ Account type: Visa/MC/AMEX/Discover/other

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Balance Transfer 2:**

Creditor Name: \_\_\_\_\_ Account type: Visa/MC/AMEX/Discover/other

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Balance Transfer 3:**

Creditor Name: \_\_\_\_\_ Account type: Visa/MC/AMEX/Discover/other

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_ Phone: \_\_\_\_\_

Forms/2116 Balance Transfer Request 072019

Credit Union Use:

Date Received \_\_\_\_\_

Actions

Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By \_\_\_\_\_