



Chesterfield Federal Credit Union
SOLUTIONS FOR ALL YOUR FINANCIAL NEEDS

Balance Transfer Consolidation Request

Member Name: _____ Account Number: _____
Phone Number: _____ Card Number: _____

Credit Card Balance Transfer Information (There are no fees for balance transfers)

Creditor:	_____	Creditor:	_____
Account #:	_____	Account #:	_____
Billing Address:	_____	Billing Address:	_____
Payoff Amount:	_____	Payoff Amount:	_____

Creditor:	_____	Creditor:	_____
Account #:	_____	Account #:	_____
Billing Address:	_____	Billing Address:	_____
Payoff Amount:	_____	Payoff Amount:	_____

Creditor:	_____	Creditor:	_____
Account #:	_____	Account #:	_____
Billing Address:	_____	Billing Address:	_____
Payoff Amount:	_____	Payoff Amount:	_____

By signing below, I authorize Chesterfield Federal Credit Union to initiate the above referenced balance transfers. I understand balance transfers can take from 10 – 14 days to complete, and that I am responsible for making any applicable payments until the balance transfer is complete.

Signature Date