



Balance Transfer Request

Please complete fully to ensure your balances are accurately transferred

Your Name:

Member #

1

Name of Credit Card Issuer	Name on Account
Payment Address	
Account Number	Current Balance \$

2

Name of Credit Card Issuer	Name on Account
Payment Address	
Account Number	Current Balance \$

3

Name of Credit Card Issuer	Name on Account
Payment Address	
Account Number	Current Balance \$

Balance transfers are not immediate and are subject to your credit limit. Balance transfers will be made in the order they are listed above, if you have sufficient credit available. Please make payments to your accounts listed above until balance transfers have been processed by those creditors.

**Mail to Progressions CU, 2919 E Mission Ave, Spokane WA 99202 or
email to mail@progressionscu.org**