

BALANCE TRANSFER CHECKLIST

For each Credit Card you wish to transfer, please provide:

- ✓ Name of Creditor(s)
- ✓ Your most recent credit card statement(s)
- ✓ Name(s) as they appear on the card(s)
- ✓ Account Number(s)
- ✓ Payment Mailing Address(es)
- ✓ Transfer Payment Amount(s) (including all interest owed)

Balance Transfer Request

By signing below, I grant Blackhawk Community Credit Union permission to make a balance transfer from my Visa®/ MasterCard® account. I understand checks will be made payable to the designated creditor(s) and mailed by BHCCU. Based on when your payment is received, some remaining interest may still be due. I assume responsibility for any unpaid balance(s).

Credit Card #1: _____ Amount \$ _____

Credit Card #2: _____ Amount \$ _____

Credit Card #3: _____ Amount \$ _____

BHCCU Account #: _____ Visa®/ MasterCard®
(circle one)

Member Name (Please Print)

Member Signature

Date: _____

For office use only:
Forward to Card Services Department

Acct # _____
Appl. ID _____
Doc/Loan Type MC/Visa
Date _____
TLR# _____

Janesville-Westside
2640 W. Court St.
608-755-6065

Janesville-Eastside
2704 E. Milwaukee St.
608-755-6065

Janesville-Northside
3012 Deerfield Dr.
608-755-6065

Edgerton
617 N. Main St.
608-884-3351

Delavan
1116 E. Geneva St.
262-728-8686