

BALANCE CONSOLIDATION TRANSFER AUTHORIZATION FORM

I want to transfer the amount(s) shown below on the credit card account(s) with a cash advance to my Members Source Credit Union credit card account. I agree to the terms and conditions and I understand transfers are subject to my available credit. If there is not enough credit available to complete my request, a partial payment may be issued. I will receive a confirmation letter for the approved transfer(s) and the exact dollar amount paid to the lender(s).

Member Account Number _____ - _____ - _____

Member Name: _____

(1)

Lender Name: _____

Lender Address: _____

Lender City, State, ZIP: _____

Account Number with Lender: _____

Exact Amount to Transfer: \$ _____

(2)

Lender Name: _____

Lender Address: _____

Lender City, State, ZIP: _____

Account Number with Lender: _____

Exact Amount to Transfer: \$ _____

(3)

Lender Name: _____

Lender Address: _____

Lender City, State, ZIP: _____

Account Number with Lender: _____

Exact Amount to Transfer: \$ _____

Cardholder or Credit Union Representative Signature

Date