

NO FEE BALANCE TRANSFER REQUEST



Save money on interest charges when you consolidate your credit card debt. Please complete and return this form to 3530 Advantage Way, Winston-Salem, NC 27103. If you have questions concerning the completion of this document, or the transfer process, please contact us at 800.433.7228 or fax to 336.744.8896. We caution you to not transfer the amount of any disputed purchases, as you may lose your dispute rights.

MEMBER NAME	#
MEMBER NUMBER	
PIEDMONT ADVANTAGE VISA® CREDIT CARD NUMBER	EXP. DATE (MM/DD/YYYY)

Card #1: _____
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER	\$
	TRANSFER AMOUNT

BILLING ADDRESS	CITY, STATE, ZIP
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Card #2: _____
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER	\$
	TRANSFER AMOUNT

BILLING ADDRESS	CITY, STATE, ZIP
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Card #3: _____
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER	\$
	TRANSFER AMOUNT

BILLING ADDRESS	CITY, STATE, ZIP
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By signing this document, I authorize Piedmont Advantage Credit Union to transfer balances as indicated to my VISA® Platinum card.

SIGNATURE	/ /
	DATE (MM/DD/YYYY)

FOR OFFICE USE ONLY