

# 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 Mastercard® CREDIT CARD NUMBER \_\_\_\_\_ / / \_\_\_\_\_  
EXP. DATE (MM/DD/YYYY)

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

ACCOUNT NUMBER \_\_\_\_\_ \$ \_\_\_\_\_  
TRANSFER AMOUNT

CREDIT CARD PAYMENT MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP

Card #2: \_\_\_\_\_  
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER \_\_\_\_\_ \$ \_\_\_\_\_  
TRANSFER AMOUNT

CREDIT CARD PAYMENT MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP

Card #3: \_\_\_\_\_  
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER \_\_\_\_\_ \$ \_\_\_\_\_  
TRANSFER AMOUNT

CREDIT CARD PAYMENT MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP

By signing this document, I authorize Piedmont Advantage Credit Union to transfer balances as indicated to my Mastercard® credit card. Transfers will be processed based on available balance and accounts that are in good standing.

SIGNATURE \_\_\_\_\_ / / \_\_\_\_\_  
DATE (MM/DD/YYYY)

FOR OFFICE USE ONLY