



MASTERCARD®
BALANCE TRANSFER FORM

Help us process your transfer request faster by listing the most important transfer first and supplying complete and accurate information for each request. Simply complete the balance transfer form and return it to Tendto Credit Union at 1129 State Street, Erie, PA 16501.

Creditor #1: _____

Payment Address: _____
Street
_____ City State Zip

Account #: _____ Exact Balance: _____

Creditor #2: _____

Payment Address: _____
Street
_____ City State Zip

Account #: _____ Exact Balance: _____

Creditor #3: _____

Payment Address: _____
Street
_____ City State Zip

Account #: _____ Exact Balance: _____

Your signature below, authorizes Tendto Credit Union to do a balance transfer on your Mastercard® account in the amount(s) listed above. Balance transfers are processed in accordance with your Credit Card Agreement and are subject to credit availability. If you request a balance transfer to be made, you should not rely on a balance transfer to be made by any particular date. Although most balance transfers will be made sooner, it could take up to four weeks before payment to your other account is made. Accordingly, you should continue to make all required payments on your other accounts until you confirm that the balance transfer has been made. If you transfer a balance that contains a dispute with a creditor, you may lose certain dispute rights. In addition, Tendto Credit Union will not be responsible for any charges billed to you for the account(s) indicated above. Balance transfers are treated as a Purchase and are subject to periodic finance charges, but they are not subject to an additional balance transfer fee. There is a grace period for balance transfers. By requesting this balance transfer, you understand that you may lose current and future grace periods for new purchases if the entire statement balance is not paid by the payment due date. The credit union will advise you if we are unable to process this request for any reason.

Member Signature: _____ Date: _____

Print Name: _____

Mastercard® Account #: _____

For Credit Union Use Only

Processed By: _____ Date: _____