

Please print, complete, sign and mail to:

Champlain Valley Credit Union
P O Box 82, Essex Jct., VT 05453

Balance Transfer Request

Please transfer the balances from the below credit cards to my CVCU credit card.

Transferring Card Name (Please print)

Transferring Card Account No.

Transferring Amount Payment Address

City State Zip

Transferring Card Name

Transferring Card Account No.

Transferring Amount Payment Address

City State Zip

Daytime Phone

Your Name

Account #

Signature (Required)

Cosigner or Joint Account Name

Signature (Required)