



**Marquette
Community**
Federal Credit Union

Drop off at either location or
Fax to: 906-228-7662

**IT'S A STREAMLINE SWITCH!
Credit Card Transfer Balance Form**

If you wish Marquette Community Federal Credit Union to pay all or part of an existing balance(s) on a credit/charge card(s), please fill out the following information.

Member's Name

Marquette Community Federal Credit Union Account #

I hereby authorize Marquette Community Federal Credit Union to pay all or part of the balance(s) due for the following credit/charge card(s) by means of a PURCHASE charge to my Marquette Community Federal Credit Union Visa Card.

BALANCE TRANSFER #1 INFORMATION

Name of card Issuer (Citibank, Macy's, etc.)

Account #

Amount to be paid

Street Address

City, State, Zip

BALANCE TRANSFER #2 INFORMATION

Name of Card Issuer (Citybank, Macy's, etc.)

Account #

Amount to be paid

Street Address

City, State, Zip

(Please enclose additional sheets if necessary)

I understand that Marquette Community Federal Credit Union is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not pay off the total balance due. I further understand that if there is an insufficient limit on my Marquette Community Federal Credit Union credit card, that you (Marquette Community Federal Credit Union) will pay off my balances in the order listed.

X _____
Member's Signature

Date

X _____
Joint Applicant's Signature

Date

