



Drop off at any Branch Location or  
Fax to: 248-549-1620

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

If you wish OUR 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

\_\_\_\_\_  
OUR Credit Union Account #

I hereby authorize OUR Credit Union to pay all or part of the balance(s) due for the following credit/charge card(s) by means of a PURCHASE charged to my OUR 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 (Citibank, Macy's, etc.)

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Amount to be paid

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

(Please enclose additional sheets if necessary)

I understand that OUR 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 OUR Credit Union credit card, that you (OUR Credit Union) will pay off my balances in the order listed.

X \_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Joint Applicant's Signature

\_\_\_\_\_  
Date

