BankCard Services

Balance Transfer Form

Employee

Cardholder Information						
First Name	Initial	Initial Last Name		Credit Card Number with us -XXXX-XXXX-		
Physical Address					Home Phone Number	
Mailing Address (if different than physical)					Work Phone Number	
Email Address					Cell Phone Number	
Creditor Information for Transfer						
Transfer Balance From:						
Creditor to Pay #1			Account Number			
Name on Creditor's A	Account					
Payment Address (to send transfer check)					Transfer Amount \$	
Transfer Balan	ce From:		•			
Creditor to Pay #2			Account Number			
Name on Creditor's A	Account					
Payment Address (to send transfer check)				Transfer Amount \$		
Transfer Balan	ce From:					
Creditor to Pay #3 Accoun				nt Number		
Name on Creditor's A	Account					
Payment Address (to send transfer check)				T	ransfer Amount	

By signing, I authorize you to debit the credit card account number listed above. I understand that I will be notified if this request cannot be processed. I understand that charges billed to me for the accounts listed above are my responsibility.

Х SIGNATURE



Refer to your Cardholder Agreement for Rate and fee details. A Balance Transfer fee may apply. Balance Transfers must be \$100.00 or greater and may not be used to pay down any other Credit Card account with Central Trust Bank.

Balance Transfers requested within 10 days of account opening will be applied to your card account and sent to designated payee(s) 10 days after your new card is mailed. If you want to cancel or modify your balance transfer within this ten-day period you can call (800) 445-9272. You will need to continue to make payments on your other account(s) until you can confirm the balance has been paid. A credit will post to the other accounts at the time the transfer has been completed.

