



THE TENNESSEE CREDIT UNION

Balance Consolidation Request

I am authorizing The Tennessee Credit Union to transfer the balances from the following credit card accounts on my behalf to my Credit Union Credit Card.

To insure that all information is correct please complete the form giving all necessary information, including account number and payment mailing address.

The Tennessee Credit Union takes no responsibility for additional finance charges, fees and transactions posting to your transferring account due to incorrect information. Should it be necessary to place a stop pay on the transfer check because of incorrect information being given, I understand that I will be responsible for a Stop Pay fee of \$18. At least a minimum payment should be made to your transferring account until the account is confirmed paid in full.

Signature _____ Date _____

Social Security #: _____ Credit Union Account #: _____

Credit Union accounts may not be paid by this balance transfer.

Payable to: _____

Payment Address _____

Account Number _____ Amount _____

Payable to: _____

Payment Address _____

Account Number _____ Amount _____

Payable to: _____

Payment Address _____

Account Number _____ Amount _____

Payable to: _____

Payment Address _____

Account Number _____ Amount _____

For official use only

Employee taking request: _____ E-Operations Employee and date _____