



Bourns Employees Federal Credit Union

BALANCE TRANSFER FORM

1.	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Account Number
	<input type="checkbox"/> Discover <input type="checkbox"/> Retail	
Creditor Name		
Payment Address		Exact Amount to be Paid
City/ State/ Zip		
		\$

2.	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Account Number
	<input type="checkbox"/> Discover <input type="checkbox"/> Retail	
Creditor Name		
Payment Address		Exact Amount to be Paid
City/ State/ Zip		
		\$

3.	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Account Number
	<input type="checkbox"/> Discover <input type="checkbox"/> Retail	
Creditor Name		
Payment Address		Exact Amount to be Paid
City/ State/ Zip		
		\$

By signing I authorize Bourns EFCU to pay on my behalf each balance or portion of balance I have designated. I have provided a copy of statement for each creditor.

Signature X	Date / /
Cardholder Name	
Address	