



Balance Consolidation Request

Member Information	
Name	
Account Number	Credit Card Number

*Note: If possible please include the most recent statement with this form to help verify the proper payment address.

Lending Institution Information		
Lending Institution Name		
Lender's Payment Address		
City	State	Zip
Account Number	Amount	
Lending Institution Information		
Lending Institution Name		
Lender's Payment Address		
City	State	Zip
Account Number	Amount	
Lending Institution Information		
Lending Institution Name		
Lender's Payment Address		
City	State	Zip
Account Number	Amount	
Lending Institution Information		
Lending Institution Name		
Lender's Payment Address		
City	State	Zip
Account Number	Amount	

I request that CBC Federal Credit Union transfer the following balances to my CBC Federal Credit Union Credit Card. I understand that it could take up to 30 business days for the payment to be received and it is my responsibility to continue to make timely payments until I have confirmed the balance has been transferred.

_____ Member Signature

_____ Date

Internal Use Only: Member ID Verified by MSR
Receiving MSR:
Processing ASR:

Please email form to: Accountservices@cbfcu.org