RHODE ISLAND CREDIT UNION VISA® REWARDS CREDIT CARD BALANCE TRANSFER REQUEST

You may transfer any amount up to your approved credit line. Transfer requests will be processed in the order requested up to your credit line. The full requested amount will be transferred if available. If not, a partial payment will be processed. You should continue to pay the minimum monthly payment due on your account balances until the transferred balances are credited to the accounts. Please allow up to three weeks for balances to be transferred. Transfer requests could be delayed if any of the information below is incorrect. Attach a separate sheet for additional balance transfer requests.

1.	Creditor Name	Account Number Transfer Amount		
	Payment mailing address			
	City	State	Zip	
2.	Creditor Name	Account Nu	Account Number	
	Payment mailing address		Transfer Amount	
	City	State	Zip	
3.	Creditor Name	Account Nu	Account Number	
	Payment mailing address		Transfer Amount	
	City	State	Zip	
4.	Creditor Name	Account Nu	_ Account Number	
	Payment mailing address		Transfer Amount	
	City	State	Zip	
	signing below, I/we authorize Rhode Island Creove to my/our Rhode Island Credit Union VISA [®]			
Apı	plicant/Borrower's Signature Date	Co-Applic	ant/Co-Borrower's Signature Date	
Applicant/Borrower's Name (printed)		Co-Applic	Co-Applicant/Co-Borrower's Name (printed)	
Rhode Island Credit Union VISA® Rewards Credit		Member S	Member Share Account Number	

Card Number