Balance Transfer Form

I authorize Waterbury CT Teachers Federal Credit Union (WCTFCU) to transfer my credit card debt to my WCTFCU VISA® Credit Card ending in (last 4 digits of card) _____

Creditor Name _____

Payment Address _____

Account Number _____

Amount to be transferred $_____ Phone _____

Creditor Name _____

Payment Address _____

Account Number _____

Amount to be transferred $_____ Phone _____

Creditor Name _____

Payment Address _____

Account Number _____

Amount to be transferred $_____ Phone _____

WCTFCU Member Information

Member Name _____

WCTFCU Member Number _____

Email _____ Phone _____

Signature_____ Date_____

Submit via fax 203.758.8514, scan/email to lending@wctfcu.com or in-branch.