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 _____

   Payment mailing address _____ Transfer Amount _____

   City _____ State _____ Zip _____

2. Creditor Name _____ Account Number _____

   Payment mailing address _____ Transfer Amount _____

   City _____ State _____ Zip _____

3. Creditor Name _____ Account Number _____

   Payment mailing address _____ Transfer Amount _____

   City _____ State _____ Zip _____

4. Creditor Name _____ Account Number _____

   Payment mailing address _____ Transfer Amount _____

   City _____ State _____ Zip _____

By signing below, I/we authorize Rhode Island Credit Union to transfer the balance(s) as indicated above to my/our Rhode Island Credit Union VISA® Rewards Credit Card Account.

Applicant/Borrower's Signature Date	Co-Applicant/Co-Borrower's Signature Date
Applicant/Borrower's Name *(printed)*	Co-Applicant/Co-Borrower's Name *(printed)*
Rhode Island Credit Union VISA® Rewards Credit Card Number	Member Share Account Number