

Balance Transfer Form



Submit this completed form:

- At your local branch
- By calling our Member Support Center at 800-527-1017
- By mail to: ATTN: Balance Transfer
Central One Federal Credit Union
P.O. Box 280
Shrewsbury, MA 01545

Member Name: _____ Member Number: _____

Your Central One account number: _____

(Your account number can be found on your credit card account statement)

Card issuer Account number Amount to transfer

Address to send payments

Card issuer Account number Amount to transfer

Address to send payments

Card issuer Account number Amount to transfer

Address to send payments

Card issuer Account number Amount to transfer

Address to send payments

Cardholder's name (please print): _____

Signature: _____ Date: _____