



Balance Transfer Request Form

Please fill out this form LEGIBLY, COMPLETELY and ACCURATELY to ensure no delay in processing.

16-Digit Credit Union of the Rockies Credit Card Number: _____

Credit Union of the Rockies Account Number: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Creditor Information:

Creditor Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Transaction Description: _____

Acct Type: (circle one) Visa / MC / Amex / Discover Other: _____

Account Number: _____ Amount: \$ _____

**A check will be mailed the next business day. Please allow up to 10 business days for the creditor to receive the payment.

**If submitting this after 1:30 pm Mountain Time, the request will be processed on the next business day.

By initialing here I understand the time frames stated above: _____

By signing below I...

- (1) Agree that all the information provided above is correct
- (2) Understand that incorrect information will delay the processing

Sign: _____

Date: _____