Request to Transfer 'N Save

To apply, print the application and complete all required information. Deliver, fax, or mail the application to the credit union. Our fax number is (412) 461-0842.

☑ **YES! I want to transfer my high-interest credit card balances to my low-interest Tri Boro FCU VISA credit card account.**

Name (print) _____

Daytime Phone # _____ Evening Phone # _____

Enter Your Tri Boro FCU Credit Card Account Number

I hereby authorize Tri Boro FCU to pay the "Amount" indicated to the "Card Issuer" shown by issuing a check and adding the "Amount" to my credit card account.

_____ _____

Authorized By Date

If additional information is required, we will contact you. Total amount transferred cannot exceed your current Tri Boro FCU credit card account credit limit. This offer is subject to withdrawal without notice.

Card Issuer _____

Address _____

City _____ State _____ Zip _____

Account # _____

Pay This Amount _____

Card Issuer _____

Address _____

City _____ State _____ Zip _____

Account # _____

Pay This Amount _____