

Balance Transfer Request

I hereby authorize LANCO Federal Credit Union to pay the amount indicated to the Card Issuer(s) shown by issuing a check and adding the amount to my **LANCO Visa credit card account #** _____.

I understand that the amount transferred, combined with my current balance, cannot exceed my current credit limit.

BALANCE 1
CREDIT CARD #
CARD ISSUER
ISSUER ADDRESS
AMOUNT TO BE PAID \$

BALANCE 2
CREDIT CARD #
CARD ISSUER
ISSUER ADDRESS
AMOUNT TO BE PAID \$

BALANCE 3
CREDIT CARD #
CARD ISSUER
ISSUER ADDRESS
AMOUNT TO BE PAID \$

BALANCE 4
CREDIT CARD #
CARD ISSUER
ISSUER ADDRESS
AMOUNT TO BE PAID \$

CARDHOLDER NAME (PRINT)	
SIGNATURE	DATE

For each credit card balance to be paid, please supply a copy of your most recent statement if available. It is your responsibility to verify that the credit/charge cards are paid in full. Transfers may take about 4 weeks to complete. Please continue to make payments on these credit cards until the balances have been transferred. LANCO is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. LANCO reserves the right to refuse any balance transfer requests. **The information about the Balance Transfer APR and other APRs and costs of this card is described in the Visa Credit Cards Tabular Disclosure.**

Return completed form to any LANCO branch, fax to (717) 509-1595, or mail to:

LANCO Federal Credit Union
 349 W Roseville Rd
 Lancaster PA 17601