

Request to Transfer 'N Save

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

YES! I want to transfer my high-interest credit card balances to my low- interest Tri

Name (print)						
Daytime Phone #	Eveni	ng Phone # _				
1 1 1 1	1 1 1 1 1	111				
E	Enter Your Tri Boro FC	CU Credit Car	d Account	Numbe	er	
I hereby authorize Tri by issuing a check and	Boro FCU to pay the "I adding the "Amount"				d Issue	er" showi
uthorized By:			Date:			
If additional informati exceed your current T withdrawal without no	ri Boro FCU credit ca					
Card Issuer:						
Address:						
Address:	State	: Zip):		_	
Address: City: Account#:		: Zip):			_
Address: City: Account#: Pay this Amount: \$	State	: Zip):		_	
Address: City: Account#: Pay this Amount: \$ Card Issuer:	State	: Zip):			
Address: City: Account#: Pay this Amount: \$ Card Issuer: Address:	State	: Zip):			

Pay this Amount: \$_____