



Sharing the Rewards of Membership

<input type="checkbox"/> Yes! I'd like to save by transferring the amounts shown below to my: <input type="checkbox"/> New DOIFCU Credit Card <input type="checkbox"/> Existing DOIFCU Credit Card	
To help us expedite your transfer(s), you must enclose a copy of the top portion of Your billing statement. Include a separate sheet of paper for additional transfers.	
CARD 1	
Credit Card Issuer:	
Payment Address:	
City, State Zip:	
Account No.	Amount Transfer: \$
CARD 2	
Credit Card Issuer:	
Payment Address:	
City, State Zip:	
Account No.	Amount Transfer: \$
CARD 3	
Credit Card Issuer:	
Payment Address:	
City, State Zip:	
Account No.	Amount Transfer: \$

I _____, hereby authorize the Interior Federal Credit Union to transfer the balances(s), shown above to my Interior FCU credit card # _____, not to exceed my Interior FCU credit card limit.

Interior FCU Account Number: _____

Signature

Date

Balance Transfer Information: We will process "balance transfer" requests in order listed within 2 weeks.