



## Balance Transfer Request Form

Cardholder Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

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evolve Account Number : \_\_\_\_\_

evolve FCU Credit Card Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Merchant/ Credit Card Issuer \_\_\_\_\_

Account Number \_\_\_\_\_ Amount to Pay \_\_\_\_\_

Merchant Address \_\_\_\_\_ Merchant Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Postal Code \_\_\_\_\_ - \_\_\_\_\_

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Merchant/ Credit Card Issuer \_\_\_\_\_

Account Number \_\_\_\_\_ Amount to Pay \_\_\_\_\_

Merchant Address \_\_\_\_\_ Merchant Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Postal Code \_\_\_\_\_ - \_\_\_\_\_

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Merchant Name/ Card Issuer \_\_\_\_\_

Account Number \_\_\_\_\_ Amount to Pay \_\_\_\_\_

Merchant Address \_\_\_\_\_ Merchant Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Postal Code \_\_\_\_\_ - \_\_\_\_\_

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**\*\*Balance Transfers may not exceed available credit limit. Please include copies of the most recent statements for the account balances you wish to transfer. There is a Balance Transfer Fee of 1% for each balance transfer amount requested. Allow 30 days for evolve FCU to process your balance transfer request.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed form and statements to [loans@evolvefcu.org](mailto:loans@evolvefcu.org) or fax to 915-633-1319

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### For Credit Union Use Only - Please Print Clearly

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_