



www.rutgersfcu.org

**Balance Transfer Form**

*\* See RFCU Membership fee schedule for fee*

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_ Date of Request \_\_\_\_\_

Credit Card/Merchant Name:	_____
Payment Address:	_____
	_____
Account Number:	_____
Amount of Transfer:	_____

Credit Card/Merchant Name:	_____
Payment Address:	_____
	_____
Account Number:	_____
Amount of Transfer:	_____

Credit Card/Merchant Name:	_____
Payment Address:	_____
	_____
Account Number:	_____
Amount of Transfer:	_____

*Return this form to any Rutgers Federal Credit Union branch, or fax to 732-445-0387.*

Signature

Date