



Phone: 312-653-6371
 Fax: 312-616-3728
 www.planites.org

VISA Balance Transfer Request

To process your balance transfer(s), complete the form below & return to PCU via fax, mail or interoffice mail.
 Fax: (312)616-3728
 Mail to: 300 E. Randolph Street, Chicago, IL 60601-5099

PLEASE PRINT CLEARLY

PCU Cardholder Information	Balance Transfer #1	Balance Transfer #2
Member Name:	Lenders Name:	Lenders Name:
PCU Account Number:	Account Number:	Account Number:
PCU Credit Card Number:	Payment Address:	Payment Address:
Home Phone:	City, State, Zip:	City, State, Zip:
e-Mail Address:	Exact Amount to be Paid: \$	Exact Amount to be Paid: \$

I request and authorize PCU to transfer the amounts indicated from the lenders shown above to my PCU VISA account. I understand balance transfer requests will be processed in the order listed above and that each transfer must be greater than \$100. The total balance transfer request must be within my available credit limit. I understand that I cannot hold PCU responsible for late payments. I am aware that this transaction will be processed as a cash advance according to the terms & conditions of my PCU VISA Credit Card Account Agreement. Please allow seven (7) to ten (10) business days for processing.

Cardholder Signature: _____ **Date:** _____

To transfer additional balances, please attach a separate sheet of paper and include information requested above or a copy of your statement and indicate the amount you wish to be transferred.