



Balance Transfer Form

I authorize Chicago Post Office Employees Credit Union (CPOECU) to transfer my
Credit Card balance to my **CPOECU VISA® Credit Card** ending in (last 4 digits of card) _____

Creditor Name _____

Bill Payment Address _____

(Full) Account Number _____

Balance Transfer Amount \$ _____ Customer Service Phone# _____

Creditor Name _____

Bill Payment Address _____

(Full) Account Number _____

Balance Transfer Amount \$ _____ Customer Service Phone# _____

Creditor Name _____

Bill Payment Address _____

(Full) Account Number _____

Balance Transfer Amount \$ _____ Customer Service Phone# _____

CPOECU Member Information

Member Name _____

CPOECU Account Number _____

Email _____ Phone _____

Signature _____ Date _____

Submit via fax 773.238.4799, scan/email to loans@cpoecu.com or in-branch.



AMERICAN SHARE INSURANCE

This Institution is not Federally Insured, and if the institution fails, the Federal Government does not guarantee that Depositors will get back their money. This Institution is Privately Insured by American Share Insurance to \$250,000.00 per Account.