

TREADWELL

CREDIT UNION



4988 Wagner Ford Rd | Dayton, OH 45414

BALANCE TRANSFERS to My Credit Card

Member Number: _____

Please pay off these high-rate credit accounts:

Lender Name	Account #	Amount to Pay \$	Payment Mailing Address

By signing below, I authorize Treadwell Credit Union to advance my credit card account to pay the above named lenders the amounts indicated. I acknowledge that I must continue to make scheduled payments on these accounts until I see the payoffs on my statements. Transfers are processed as cash advances as described in the credit card agreement. Cash advances incur finance charges from the transaction date.

Member Name: _____ Daytime Phone: _____

Member Signature: _____ Date: _____