



### Balance Transfer Information

*Please allow ECU 1-2 business days to process your request. For questions, please call 800-999-2328 or 229-8200. Please complete all sections of the form and mail to: ECU Attn: Card Services, P.O. Box 1989, Kingsport, TN 37662.*

**Member Name:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

**Visa® Account Number (if available):** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**The following account(s) should be paid by ECU on my behalf:**

**Card Issuer:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Amount to Pay:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name as listed on account:** \_\_\_\_\_

**Card Issuer:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Amount to Pay:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name as listed on account:** \_\_\_\_\_

**Card Issuer:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Amount to Pay:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name as listed on account:** \_\_\_\_\_

**Card Issuer:** \_\_\_\_\_

**Payment Address:** \_\_\_\_\_

**Amount to Pay:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name as listed on account:** \_\_\_\_\_