



Yes, I want to start saving!

Balance Transfer Option

I hereby authorize Wanigas Credit Union to pay off the following balance(s):

- 1.) _____
Creditor's Name
_____ Account #
Address (as it appears on your billing statement) \$ _____ Transfer Amount
* \$500 minimum required for promotional rate to apply.
- 2.) _____
Creditor's Name
_____ Account #
Address \$ _____ Transfer Amount
* \$500 minimum required for promotional rate to apply.
- 3.) _____
Creditor's Name
_____ Account #
Address \$ _____ Transfer Amount
* \$500 minimum required for promotional rate to apply.

I understand that: 1) Transfers are processed as cash advances as described in the Credit Card Agreement. 2) The available credit line on your Wanigas credit card will be reduced by the total amount of the transfers we approve. 3) Wanigas Credit Union is not responsible for your payment(s) being late or lost in the mail; nor are we responsible for any fees that may be assessed on your account(s). 4) If you request a transfer that includes a disputed transaction, you may lose your dispute rights. 5) All transfer requests are subject to the approval of Wanigas Credit Union. 6) Only transfers from non-Wanigas accounts will be accepted.

Signature Date

Print Name

Wanigas Account #

Phone #

**Please return form to:
Wanigas Credit Union
1837 Bagley St.
Saginaw, MI 48601
Fax # 989-753-0810**

For Office Use Only:
Approved Amount: _____
Loan Officer: _____
Date: _____