



**CoVantage**  
CREDIT UNION

**SAVE MONEY ON  
CREDIT CARD INTEREST!**

Ask us to transfer balances from other credit cards to your CoVantage Rewards credit card.

**Just complete and return this form.**

*The \$2.00 cash advance fee will be waived only when this form is used.*

Name of Credit Card to be paid off: _____	Name of Credit Card to be paid off: _____
Payment address (street address and PO Box): _____	Payment address (street address and PO Box): _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Account Number: _____	Account Number: _____
Exact amount to be paid & transferred:  \$ _____	Exact amount to be paid & transferred:  \$ _____

Please transfer the amounts shown above to my CoVantage Credit Union Rewards Credit Card.

Account # \_\_\_\_\_ . Authorized by:

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of CoVantage Cardholder

Remember, you may only transfer up to the available credit limit on your CoVantage Credit Union card.

You agree to allow approximately 10 days for us to process your balance transfer request. Finance charge begins to accrue from the date of the cash advance. Please continue to make any minimum payments due on all credit cards until your transfer request has been completed. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). You will continue to be responsible for those balances. In the event that your request exceeds the amount of your available credit line, CoVantage may complete your request in an appropriate order, may decline to process one or more transfer requests, and/or may complete one request in a partial amount. Advance(s), interest, and purchased insurance (life and/or disability) may cause your credit limit to be exceeded. Credit cards with balances higher than the credit limit will be reported to the credit bureau. **The payment and transfer of balances is contingent upon approval by CoVantage Credit Union and receipt of complete, legible balance transfer requests.**

**Return or mail completed form to:  
CoVantage Credit Union, PO Box 107, Antigo, WI 54409-0107**

FOR OFFICE USE ONLY: Employee providing form: _____ Approving Loan Officer: _____
Total dollar amount of balances transferred: \$ _____ Or, request has been denied due to: _____