



MasterCard Balance Transfer Form

Member Name: _____

LRRCU Account #: _____

LRRCU MC #: _____

Please list balance transfer requests in order of priority.

Balance Transfer 1:

Transfer Amount: \$ _____ **Payable to:** _____

Account Number: _____ (16-digit card number)

Address: _____

Balance Transfer 2:

Transfer Amount: \$ _____ **Payable to:** _____

Account Number: _____ (16-digit card number)

Address: _____

Balance Transfer 3:

Transfer Amount: \$ _____ **Payable to:** _____

Account Number: _____ (16-digit card number)

Address: _____

Member Signature: _____ **Date:** _____

Please mail, deliver or fax to any LRRCU office for processing.

1010 New Holland Avenue, Lancaster, PA 17601 717-295-6685 Fax 717-295-2857

50 North Duke Street, Lancaster, PA 17602 717-299-7845 Fax 717-299-1796

150 North Queen Street, Lancaster, PA 17603 717-824-8551 Fax 717-824-8550

2137 Embassy Drive, Suite 101, Lancaster, PA 17603 717-299-6696 Fax 717-293-0938