CrossFirst Bank

BankCard Services

Balance Transfer Form

Employee #

Cardholder Information

First Name	Initial	Last Name	Credit Card Number with us -XXXX-XXXX-
Physical Address			Home Phone Number
Mailing Address (if different than physical)			Work Phone Number
Email Address			Cell Phone Number

Creditor Information for Transfer

Transfer Balance From:

Creditor to Pay #1	Account Number
Name on Creditor's Account	
Payment Address *(to send transfer check)*	Transfer Amount $

Transfer Balance From:

Creditor to Pay #2	Account Number
Name on Creditor's Account	
Payment Address *(to send transfer check)*	Transfer Amount $

Transfer Balance From:

Creditor to Pay #3	Account Number
Name on Creditor's Account	
Payment Address *(to send transfer check)*	Transfer Amount $

By signing, I authorize you to debit the credit card account number listed above. I understand that I will be notified if this request cannot be processed. I understand that charges billed to me for the accounts listed above are my responsibility.

X_____ **X**_____

SIGNATURE **DATE**

Refer to your Cardholder Agreement for Rate and fee details. A Balance Transfer fee may apply. Balance Transfers must be $100.00 or greater and may not be used to pay down any other Credit Card account with Central Trust Bank.

Balance Transfers requested within 10 days of account opening will be applied to your card account and sent to designated payee(s) 10 days after your new card is mailed. If you want to cancel or modify your balance transfer within this ten-day period you can call (800) 445-9272. You will need to continue to make payments on your other account(s) until you can confirm the balance has been paid. A credit will post to the other accounts at the time the transfer has been completed.

Submit completed form to BankCard Services

(573) 634-1104

P.O. Box 779 Jefferson City, MO 65102 (800) 445-9272

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