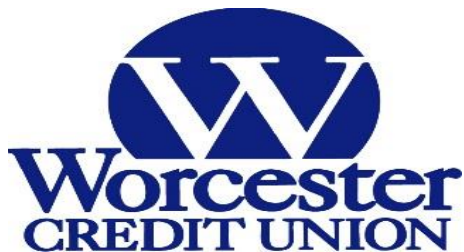


# MasterCard Balance Transfer Authorization



**Please allow 2-3 weeks after return of this form for transfer to occur.**

Member Name		MasterCard Number (last seven digits)	
Street Address			
City	State	Zip	Phone

**ANNUAL PERCENTAGE RATE**

Variable rates subject to change. Rates are based on an index of Prime Rate plus a margin of 5.25%, 5.50%, 7.0%, 9.50%, 11.50% or 13.50% based on your credit score.

For other terms and conditions, please visit [www.worcestercu.com](http://www.worcestercu.com).

The information about the costs of the card described is accurate as of 01/27/17. This information may have changed after that date. To find out what may have changed, call or write to us at this location: **520 West Boylston Street, Worcester, MA 01606. 508-853-9966.**

**I'd like Worcester Credit Union to pay off the credit/charge cards listed below, using my Worcester Credit Union MasterCard.**

*Please complete information below. Include a copy of your last statement if possible.*

Credit Card Issuer	Payment Mailing Address	Account Number	Amount of Balance Transfer

I authorize you to make a cash advance from my Worcester Credit Union MasterCard credit card account in order to make payment to the accounts indicated above. Balances from Worcester Credit Union are excluded. I understand that you will mail checks for me, for the amount requested, within 2-3 weeks of your receipt of the properly completed authorization. Worcester Credit Union does not take responsibility for any late charges incurred during this period. Balance transfers are subject to my available credit limit.

Signature of Applicant	Date
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Signature of Co-applicant	Date
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FSR Signature	Date
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Opt's Signature	Date
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