



BALANCE CONSOLIDATION AUTHORIZATION

Crane Credit Card Number: _____

Member Name: _____

Member Account Number: _____

1.) Lender Name: _____

Payment Address: _____

City, State, ZIP: _____

Account Number with Lender: _____

Exact Amount to Transfer: \$ _____

2.) Lender Name: _____

Payment Address: _____

City, State, ZIP: _____

Account Number with Lender: _____

Exact Amount to Transfer: \$ _____

3.) Lender Name: _____

Payment Address: _____

City, State, ZIP: _____

Account Number with Lender: _____

Exact Amount to Transfer: \$ _____

I understand that I must still make any required payments until the transferred amount is credited to the other account statement. Crane CU does not assume responsibility for any late payments, finance charges, or disputed amounts on your account at other financial institutions. Please allow up to 3 weeks for balances to be transferred. If you transfer the entire balance of your account, this will NOT close out the account. You are responsible for contacting the other financial institution to close your account.

I authorize Crane CU to process a cash advance on my Crane CU VISA to pay towards the outstanding balance on the above accounts.

Cardholder Signature

Date