



Balance Transfer Form

Return completed & signed form in person, by email or mail to:
• Any branch location
• Mona@WhiteCrown.org
• White Crown, Attn: Lending
2001 Lincoln St, Suite 100
Denver, CO 80202

Please fill out this form LEGIBLY, COMPLETELY and ACCURATELY to ensure no delay in processing.

WCFCU Account Number: _____ Name: _____

Creditor Information:

Creditor Name (1): _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Account Number: _____

Amount: \$ _____

Creditor Name (2): _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Account Number: _____

Amount: \$ _____

****Please allow up to 10 business days for the creditor to receive the payment.**

Please print, sign and return to us. By signing below I:
(1) Agree that all the information provided above is correct
(2) Understand that incorrect information will delay the processing

Sign: _____ Date: _____

Teller # _____ Initials: _____ Signature Verified? _____