



411 Theodore Fremd Ave. Suite 350 Rye, NY 10580-1410

Date:
Member Number:

Credit card number

USALLIANCE Credit Card Balance Transfer Authorization

Please transfer the following balances to my USALLIANCE Card, provided they do not exceed my credit line:

Transfer #1 Name of Financial Institution	Amount \$	Transfer #2 Name of Financial Institution	Amount \$
Address of Issuer as shown on statement:		Address of Issuer as shown on statement:	
City/State/Zip		City/State/Zip	
Account Holder Name:		Account Holder Name:	
Account #		Account #	
Transfer #3 Name of Financial Institution	Amount \$	Transfer #4 Name of Financial Institution	Amount \$
Address of Issuer as shown on statement:		Address of Issuer as shown on statement:	
City/State/Zip		City/State/Zip	
Account Holder Name:		Account Holder Name:	
Account #		Account #	

The balance transfer request(s) can take up to 15 business days for processing. You are responsible for monitoring your outside obligations, including making any required minimum payments, while your request is being processed.

My signature means I understand the above statement and accept any applicable fees.

Primary Member Signature _____

Date _____