

RCSBank Employee ID

Balance Transfer Form

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

Transfer Balance From:	
Card Issuer #1	Account Number
Payment Address	Exact Amount to Transfer

Transfer Balance From:	
Card Issuer #2	Account Number
Payment Address	Exact Amount to Transfer

Transfer Balance From:	
Card Issuer #3	Account Number
Payment Address	Exact Amount to Transfer

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 _____
SIGNATURE

X _____
DATE

Refer to your Cardholder Agreement for Rate and fee details. 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. You must continue to make payments on your other accounts until the transfer has been completed. A credit will post to the other accounts, at the time the transfer has been completed.

**Please Return Completed Form to
BankCard Services**
P.O. Box 779, Jefferson City, MO 65102
Email: 01_FileMaintenance@centralbank.net
Fax: 573-634-1104
Phone: 1-800-445-9272