



LOAN OR CREDIT CARD BALANCE TRANSFER

Member name _____

Address _____

City, State, Zip _____

Summit account # _____

Summit Visa Classic # 4232 3229 _____

Summit Visa Gold # 4011 1600 _____

Summit Visa Platinum # 4122 90 _____

Financial institution or card issuer	
Account number	Pay this amount \$
Payment street address (include P.O. Box, etc.)	
City, State, Zip	

Financial institution or card issuer	
Account number	Pay this amount \$
Payment street address (include P.O. Box, etc.)	
City, State, Zip	

Financial institution or card issuer	
Account number	Pay this amount \$
Payment street address (include P.O. Box, etc.)	
City, State, Zip	

By signing below, I authorize you to bill my approved Summit Visa credit card for the amounts listed above. I understand that you will advise me when payment has been made to the account(s) listed above, or if you were unable to process my request for any reason. I understand that The Summit will not be responsible for any balances exceeding my request or additional finance charges billed to me for the account(s) listed above.

Signature _____ Date _____

For Internal Use Only	Date _____	Processed by: _____	Total balance transfer: _____
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