



# Balance Consolidation Transfer Authorization Form

I want to transfer the amount(s) shown below on the credit card account(s) with a cash advance to my Interra MasterCard® credit card account. I agree to the terms and conditions and I understand transfers are subject to my available credit. If there is not enough credit available to complete my request, a partial payment may be issued. I will receive a confirmation letter for the approved transfer(s) and the exact dollar amount paid to the lender(s).

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**(1)**

Lender Name: \_\_\_\_\_

Lender Address: \_\_\_\_\_

Lender City, State, ZIP: \_\_\_\_\_

Account Number with Lender: \_\_\_\_\_

Exact Amount to Transfer: \$ \_\_\_\_\_

**(2)**

Lender Name: \_\_\_\_\_

Lender Address: \_\_\_\_\_

Lender City, State, ZIP: \_\_\_\_\_

Account Number with Lender: \_\_\_\_\_

Exact Amount to Transfer: \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

A check will be issued within seven (7) business days after we receive your request. Continue to make the minimum payment on any bills you receive during the transfer processing period in order to avoid past-due notices and charges. Transfers post as a cash advance.

**MAIL:**  
Interra  
PO Box 727  
Goshen, IN 46527

**FAX:**  
Interra  
574.975.0047  
(local Goshen number)

**OR, deliver to any  
Interra office**