



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**