



Attn: Credit Card Department  
 P.O. Box 123  
 Annapolis Junction, MD 20701-0123  
 301-497-7000 | 800-787-8328

## Credit Card Balance Transfer Request

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Complete the form, print and mail it to the address above. Include your credit card statement(s) from the other creditors.

Creditor's Name	Creditor's Address	Account Number To Be Paid	Amount To Be Paid
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$

*If you would like to transfer balances from more than six credit cards/loans, please complete an additional form.*

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

TOWER CREDIT CARD ACCOUNT # \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Checks will be mailed directly to your creditors. Please allow two weeks for checks to reach the creditors.