

# Credit Card Balance Transfer Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Bank Name]

[Bank Address]

[City, State, ZIP Code]

Dear [Bank Name] Customer Service,

I am writing to apply for a credit card balance transfer from my existing credit card to my [Your New Bank's Credit Card Name]. My current credit card information is as follows:

Credit Card Issuer: [Current Card Issuer]

Account Number: [Current Account Number]

Balance Amount: [Current Balance]

I would like to transfer the full balance of my existing credit card to my new account with you. Please let me know the necessary steps and any forms that I need to complete to facilitate this transfer.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]