



# Credit Transfer Request Form

Pennsylvania Bankers Association  
Attn: Jackie Catalano  
3897 N. Front St.  
Harrisburg, PA 17110  
Tel: (717) 255-6939  
Fax: (717) 233-1477  
[jcatalano@pabankers.com](mailto:jcatalano@pabankers.com)

Name: \_\_\_\_\_ Last 4 Digits of Social Security: \_\_\_\_\_  
*(as it is to appear on certificate including middle initial)*

Bank Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## OFFICIAL TRANSCRIPTS FOR TRANSFERRING CREDITS

Institution where obtained: \_\_\_\_\_

Course: \_\_\_\_\_

Institution where obtained: \_\_\_\_\_

Course: \_\_\_\_\_

Institution where obtained: \_\_\_\_\_

Course: \_\_\_\_\_

Send transcript to:  Same as above

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send additional transcript (Member-\$10; Non-Member-\$15) to:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(please use reverse if additional transcripts are requested)*

## PAYMENT POLICY

PA Bankers accepts checks (payable to PA Bankers Association), VISA or MasterCard. Payment **must** accompany the request form. Forms submitted without proper payment will not be processed. Please allow up to two (2) weeks for processing and delivery.

**Credit card payment: VISA or MasterCard only**

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

For internal use only: Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_