



P.O. Box 25947
 Alexandria, VA 22313-9809
 202.366.9400 | 800.368.8432
 transfcu.org

VISA® BALANCE TRANSFER REQUEST FORM



Member Name

Account Number

Daytime Phone

Evening Phone

I hereby authorize Transportation Federal Credit Union (TFCU) to pay the remainder of the balance(s) due on the revolving charge accounts(s) listed below by issuing a check to the accounts indicated and adding a cash advance for the total amounts to my TFCU VISA credit card account. I have enclosed any payment stub(s) and return envelope(s) for those accounts. I understand that TFCU is not responsible for my payment being late or lost in the mail. I understand that there may be outstanding charges on my account(s) and this advance may not pay off the total balance due. I further understand that if there is an insufficient limit on my TFCU VISA credit card account to pay off all account balances listed below, Transportation Federal Credit Union will pay off my accounts in the order listed and return any accounts that cannot be paid in full.

Member Signature

Date

REVOLVING CHARGE ACCOUNTS TO BE PAID IN FULL BY TRANSFER OF BALANCE REQUEST:		
Creditor 1		
Payment Mailing Address		
City	State	Zip
Payment Amount	Account Number	
Creditor 2		
Payment Mailing Address		
City	State	Zip
Payment Amount	Account Number	
Creditor 3		
Payment Mailing Address		
City	State	Zip
Payment Amount	Account Number	

Fax this form to 202-385-6095 or mail to Transportation Federal Credit Union, Attn: Card Services

FOR STAFF USE ONLY	
TFCU VISA Account #	_____
Transfer of Balance Cash Advance Amount \$	_____
Date Cash Advance Voucher Processed	_____
Processed by (Staff Signature)	_____ Date _____