



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 provided the full account number(s) and enclosed any payment stub(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:

<i>Creditor 1</i>		
<i>Payment Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Payment Amount</i>	<i>Full Account Number</i>	
<i>Creditor 2</i>		
<i>Payment Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Payment Amount</i>	<i>Full Account Number</i>	
<i>Creditor 3</i>		
<i>Payment Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Payment Amount</i>	<i>Full Account Number</i>	

Fax this form to 202-385-6095 with Attn: Card Services or upload this form to our Secure Messaging Center.

FOR STAFF USE ONLY

TFCU VISA Account # _____

Transfer of Balance Cash Advance Amount \$ _____

Date Cash Advance Voucher Processed _____

Processed by (Staff Signature) _____ Date _____