



Balance Transfer Request Form

Member Name _____ Account # _____

Daytime Phone _____ Evening Phone _____

I hereby authorize Transportation FCU 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 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 account to pay off all account balances listed below, the 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 202-385-6097 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 _____