

**U\$X Federal Credit Union®**  
**VISA® Balance Transfer Form**

Transfer those high rate cards by completing this form.  
Return it to us and *we'll take care of the rest!*

1. U\$X Federal Credit Union Credit Card # \_\_\_\_\_

Member # \_\_\_\_\_

2. Card Issuer \_\_\_\_\_

Exact amount to pay \$ \_\_\_\_\_

Account # \_\_\_\_\_

Payment Address \_\_\_\_\_

\_\_\_\_\_

3. Card Issuer \_\_\_\_\_

Exact amount to pay \$ \_\_\_\_\_

Account # \_\_\_\_\_

Payment Address \_\_\_\_\_

\_\_\_\_\_

By signing below I authorize you to perform a cash advance on my approved U\$X Federal Credit Union Visa credit card account in the amount(s) listed above. U\$X Federal Credit Union will not be responsible for any charges billed to me for the account(s) indicated above. Continue to make required minimum payments until you verify transfer is complete.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Best time to call \_\_\_\_\_

**Please send a copy of your last statement remittance advice for each of the above transfer(s).**

**Please fax or mail completed form and other requested items to the U\$X FCU VISA Dept.**

Fax: 724-772-0707

Mail: **VISA Department**  
**PO Box 1728**  
**Cranberry Twp. PA 16066**

**For Credit Union Use Only**

Credit Union Representative Completing this Form \_\_\_\_\_

Branch \_\_\_\_\_ Date \_\_\_\_\_