

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 _____