



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!*

Date:

Employee:

Branch:

U\$X Federal Credit Union Credit Card #:

Member Name:

Member #:

Card 1

Card Issuer:	Exact Amount to be Paid:
Account Number:	Payment Address:

Card 2

Card Issuer:	Exact Amount to be Paid:
Account Number:	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 _____ Date: _____

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

We will charge your card for the total approved amount of all balance transfers and send the amount(s) to the credit card accounts specified. Balance transfers are calculated in the same manner as cash advances. The 0% APR promotional rate will be in effect for balance transfers initiated 01/02/2026-02/28/2026 for 12 months from transfer date. Once the promotional period ends, the previous terms and conditions set for in the Credit Card Agreement will be honored. For balance transfers, you agree to a 2% balance transfer fee for each amount of the balances transferred during the promotion.