



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 U\$X Federal Credit Union Visa credit card account in the amount(s) listed above. The balance transfer and any associated fees will not exceed my current available credit. U\$X Federal Credit Union will not be responsible for any charges billed to me for the account(s) indicated above. I understand I need to continue to make required minimum payments until I verify the balance 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. Terms and conditions set forth in the Credit Card Agreement are applicable.