

TRANSFER OF BALANCE REQUEST



Member Name _____ Share Account # _____ Daytime Phone # _____

I hereby authorize Transportation Federal Credit Union to pay off the balance(s) due on the account(s) listed on the reverse side of this form 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) required and return envelope(s). I understand that TFCU is not responsible for my payment being late or lost in the mail. I also 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 the account balances listed on the reverse side of this form that you (the credit union) will pay off my accounts in the order listed and return my accounts that cannot be paid in full.

Member Signature _____

CREDIT UNION USE ONLY

TFCU VISA® Account # _____ Transfer of Balance Cash Advance Amount \$ _____

Date Cash Advance Voucher Processed _____ Processed by (staff signature) _____

ACCOUNTS TO BE PAID IN FULL BY TRANSFER OF BALANCE REQUEST

We may not be able to process your transfer of balance request unless you enclose:

1. Statement tops or payment stubs for all accounts you wish to pay off, and 2. Return envelopes for those accounts.

NAME	ACCOUNT #	AMOUNT

Please mail or fax balance transfer back to the address or fax number below:

Transportation FCU • P.O. Box 70440 • Washington D.C. 20024-0440 • 202-366-9400 • 800-DOTTIE2 (368-8432)

Fax: 202-385-6098