Transportation Federal Credit Union

TRANSFER OF BALANCE REQUEST

Member Name: _____ **Share Account #** _____ **Daytime Phone #** _____

I hereby authorize the Transportation Federal Credit Union to pay off the balance(s) due on the revolving charge 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 payoff the total balance due. I further understand that if there is an insufficient limit on my TFCU VISA account to payoff all the account balances listed on the reverse side of this form that you (the credit union) will payoff my accounts in the order listed and return any 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)** _____

REVOLVING CHARGE 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