

Balance Transfer Request Form

Member Name:

Member Number (Last 4 Digits):

InFirst Credit Card Number (Last 4 Digits):

Email:

Cell Phone:

Work Phone:

Home Phone:

Current Mailing Address:

I request to transfer the following account balances to my InFirst VISA Rewards Credit Card listed above. I understand that I will need to continue to make the minimum monthly payment to each financial institution until the balance transfer has posted to the other credit card account. **Attach a copy of the last credit card statement for each account. Fax or email this completed form and statements to 703.245.0540 or memberservices@infirstfcu.org. If you prefer to sign this form electronically, please indicate that in your communication.**

Member Signature:

Date:

Institution Name:

Payment Address:

Full Account Number:

Amount to be Transferred:

Institution Name:

Payment Address:

Full Account Number:

Amount to be Transferred:

Institution Name:

Payment Address:

Full Account Number:

Amount to be Transferred:

Institution Name:

Payment Address:

Full Account Number:

Amount to be Transferred:

Credit Union Use Only:

Date Received:

Date Cash Advance Processed:

Initials:

Teller: