InFirst Federal Credit Union
Phone: 703.914.8700 / 540.986.0652
Fax: 703.245.0540
infirstfcu.org

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: