

VISA® CREDIT CARD BALANCE TRANSFER REQUEST

MEMBER INFORMATION	
Member/Owner:	Member No.:
Credit Card No.	

BALANCE TRANSFER INFORMATION

Creditor/Payee Information	Creditor/Payee Information
Name:	Name:
Mailing address:	Mailing address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Account No.:	Account No.:
Amount:	Amount:

Creditor/Payee Information	Creditor/Payee Information
Name:	Name:
Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Account No.:	Account No.:
Amount:	Amount:

AUTHORIZATION

Henrico Federal Credit Union ("Credit Union") is hereby authorized to issue check(s) to the creditor(s)/payee(s) as indicated above, subject to credit availability. All balance transfer(s) will be processed as cash advances and are subject to the terms and conditions of your Visa® Platinum/Visa Platinum Rewards Consumer Credit Card Agreement. Balances will be added to your Credit Union credit card account. The Credit Union is not responsible for charges you may incur resulting from checks which are late, lost in the mail or the result of incorrect information. It is your responsibility to continue making the required payments to applicable accounts until you have confirmed that the check has been received by the creditor(s)/payee(s).

<p>X _____ Member Signature Date</p>	<p>Return to a Henrico FCU branch location or: Mail: 9401 West Broad St. Henrico, VA 23294-5331 Fax: (877) 768-4798</p>
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FOR CREDIT UNION USE ONLY

Received by: _____ Operator No./Date	Transmitted by: _____ Operator No./Date	Processed by: _____ Operator No./Date
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