

# VISA BALANCE TRANSFER REQUEST FORM

2625 Corporate Place, Monterey Park, CA 91754-7645  
 Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831  
 323-268-1226, 800-222-1226, Fax: 323-269-6607, www.fafcu.org



**F&A Federal  
Credit Union**

For Them it's Business.  
For Us it's Personal.

Member Name and Address:	Daytime Phone Number:	Member Number:
	Email:	Date:

**\*\*\*The following information is required by F&A Federal Credit Union in order to transfer balances to your F&A account. If possible, please include the payment stub or statement. All requests must be received at least 10 days prior to the due date. We are not responsible for any late charge if received after that time.**

**Please refer to the Visa Credit Card Agreement and Federal Truth in Lending Disclosure Statement regarding how to calculate interest on a balance transfer.**

Please transfer the balance of the following accounts to my F&A Federal Credit Union Visa card.

Company Name (Payee Name)	Account Holder	Account #	
Payment Address		Amount	Due Date

Company Name (Payee Name)	Account Holder	Account #	
Payment Address		Amount	Due Date

Company Name (Payee Name)	Account Holder	Account #	
Payment Address		Amount	Due Date

Company Name (Payee Name)	Account Holder	Account #	
Payment Address		Amount	Due Date

Member Signature (required):	Date:
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**For Credit Union use only:**

Processed By Operator Name/#:	Date:
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