



VISA® BALANCE TRANSFER AUTHORIZATION FORM

Member Name: _____
 Member Number: _____
 Daytime Phone#: _____
 FW Proud Visa account #: _____ - _____ - _____ - _____

CARDS TO BE TRANSFERRED:

Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:
Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:
Issuing Institution:	Account Number:
Payment Address:	Amount to Pay:

TRANSFER AGREEMENT

By signing below, I authorize you to bill my Fort Worth City Credit Union (FWCCU) Fort Worth Proud Visa account in the full or partial amount(s) for the Amount To Pay indicated above. I understand that, although most balance transfers will be made sooner, transfers can take up to 4 weeks. Accordingly, I will continue to make all required payments until I confirm that the balance transfer has been made. FWCCU is not responsible for charges I may incur on my other account as a result of a balance transfer request. My accounts at FWCCU must be in good standing at the time the balance transfer offer is processed. See Cardholder Agreement Credit Card Agreement and Truth-In-Lending Disclosure for additional information. I understand that you will advise me if you are unable to process my payment request for any reason. Balance transfers are not valid for payment of FWCCU loans or FWCCU Visa card balances.

 Cardholder Signature

 Date