



VISA CREDIT CARD BALANCE TRANSFER REQUEST (rev 2/12)

Date of Request: _____

Member Name: _____ **Address:** _____

PFCU Account # : _____

Visa Card #: _____ Exp Date: _____

Verified Funds: _____

CREDITOR NAME:	ACCT TYPE: VISA / MC / AMEX
ADDRESS 1:	ACCOUNT:
ADDRESS 2:	
CITY:	AMOUNT:
ZIP:	PHONE #:
TRAN DESC:	

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I (we) hereby authorize Princeton Federal Credit Union to pay off the above account(s) by utilizing my Princeton Federal Credit Union Visa credit card account. I understand interest will accrue from the date a transaction posts to the account. The Credit Union is not responsible for satisfying any obligation I (we) may have regarding a payment due to the above creditor(s) by a specific date

Cardholder Signature & Date