



Balance Transfer Form

Member Information

Name: _____ Account Number: _____

Full Credit Card Number: _____

Payoff Information

Merchant Name (the check will made payable to this name):

Payoff Amount: _____

Merchant Address: _____

City: _____ State: _____ Zip: _____

Memo Line Information: _____

It is recommended that you provide DFDFCU a copy of the most recent statement and a payment coupon to send along with the check.

This balance transfer will reflect as a cash advance on your DFDFCU Visa Credit Card. The funds will be deposited into your 01 Savings. A check will then be cut to the above information. Copies of all documents will be mailed to your address to have for your records.

Member Signature: _____ Date: _____

For CU Use:

FSC: _____ Date: _____