



NIH
Federal Credit Union

Credit Card Balance Transfer

Use this form to transfer balances from other (non-NIHFCU) credit cards to your NIHFCU Visa credit card. You must have the credit line available to cover your balance transfer amount.

Please print out the form and fill it in completely. Remember to sign the form; we cannot process your request without your signature. Please list your credit card account balances in the order you would like us to handle them, and specify the exact amount you want us to transfer. The term "Card Issuer" means the institution through which your credit card is issued.

Note this transfer will not close the account. Please contact the card issuer separately to request closing the credit card account.

Account #: _____ Date: _____
Member Name: _____ Day Phone #: _____
Address: _____
Street City State Zip

TRANSFER 1

Card Issuer: _____ Card Number: _____
Payment Address: _____
Amount to be Transferred: _____

TRANSFER 2

Card Issuer: _____ Card Number: _____
Payment Address: _____
Amount to be Transferred: _____

TRANSFER 3

Card Issuer: _____ Card Number: _____
Payment Address: _____
Amount to be Transferred: _____

By signing below, I authorize you to bill my approved NIHFCU credit card account in the amount(s) listed above. I understand that you will advise me if you are unable to process my payment request for any reason. In addition, NIHFCU will not be responsible for any charges billed to me for the account(s) indicated above.

X _____
Member Signature

ID Type: _____
ID Number: _____
Expiration Date: _____

X _____
NIHFCU Associate Signature

NIHFCU Associate Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:
NIHFCU Attention: Lending Department
Fax: **301-296-3378**
Mail: **P.O. Box 6475 Rockville, MD 20849-6475**
Or, you may drop this form off at any NIHFCU branch location