



Balance Transfer Form

Please fill out the Balance Transfer Form and mail to the address below for fax it to **703.730.1410**.

**Belvoir Federal Credit Union
Attn: Visa Balance Transfer
14040 Central Loop
Woodbridge, VA 22193**

By signing below, I authorize you to bill my approved Belvoir Federal Credit Union credit card account as a cash advance in the amount(s) listed below. I understand that you will advise me when payment was mailed or if you are unable to process my payment request for any reason. In addition, Belvoir Federal Credit Union will not be responsible for any changes billed to me for the account(s) indicated below. **Please read the VISA Rate Disclosure and VISA Credit Card Agreement before proceeding.**

Card Issuer

Payment Address

Specific Amount to Pay Account Number

Name on Account

Card Issuer

Payment Address

Specific Amount to Pay Account Number

Name on Account

Card Issuer

Payment Address

Specific Amount to Pay Account Number

Name on Account

Print Name Signature

Date Daytime Phone Number

BFCU Account Number Social Security Number