



VISA BALANCE TRANSFER APPLICATION (CLASSIC, GOLD, PLATIUM)

Return your completed authorization in-person, by fax at (202) 219-1908, e-mail to loandepartment@docfcu.org or mail to PO Box 14720, Washington, DC 20044 ATTN: Loan Department. For additional details or assistance, please do not hesitate to contact us at (202) 808-3600 (local) or 1-888-626-9845 (non-local & international).

Member Name:	
Member Number:	
Phone Number:	
Email:	
VISA Card #	

PLEASE TRANSFER THE FOLLOWING CREDIT CARD BALANCES TO MY DOCFCU VISA CARD REFERENCED ABOVE:

Credit Card Company:	
Account # :	Amount:
Address:	
Credit Card Company:	
Account # :	Amount:
Address:	
Credit Card Company:	
Account # :	Amount:
Address:	
Credit Card Company:	
Account # :	Amount:
Address:	
Credit Card Company:	
Account # :	Amount:
Address:	

*Please Note That You Are Responsible For Any Scheduled Payments On The Above Credit Cards Until The Balance Transfer Is Processed.

I Authorize DOCFCU To Transfer The Above Balances (Not Exceeding The Approved Limit) To My DOCFCU VISA.

Signature	Date

Joint Signature	Date

*APR= Annual Percentage Rate. See Credit Card disclosure which includes rates, fees, other costs, and information.

COMPLETED BY:	TELLER #: