

VISA® Balance Transfer Form

Financial Institution Name w/	Address	Account Number	Amount
By signing below, I verify I am a listed cardhount information provided is correct. I acknowledg account numbers, amounts or addresses) that you to add a cash advance to my FedEx Empand issue a check to the indicated account(s) approve to pay accounts in the order listed. I a time and if I request additional transfers, the	e responsibility for prot at may result in a can ployees Credit Assoc July If there is an insuff understand that I ma	roviding incorrect or incomple acelled transfer or incorrect tra- itation VISA® for the total amo ficient limit on my Credit Asso ay only have one promotional	te information (i.e. ansfer. I authorize ount(s) listed above ciation VISA [®] , I
I understand that, although most balance tran and I am responsible for all required paymen not responsible for charges I may incur on mand additional information please review your VIS	ts until I confirm that y other account as a	the balance transfer has bee	n made. FECA is
Cardholder Signature	Date	Member Account	t #
Cardholder Printed Name			
Driver's License # State	Evn. Date		