

# VISA BALANCE TRANSFER REQUEST



LCFCU.ORG | 202-707-5852  
800-32-LCFCU (52328) | 800-325-2328

Member/Cardholder Name: \_\_\_\_\_

Library of Congress FCU Visa Credit Card Number: \_\_\_\_\_

CVV Security Code: \_\_\_\_\_



## TRANSFER FROM:

1. Creditor Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Creditor Address: \_\_\_\_\_

Creditor City, State, Zip: \_\_\_\_\_

Total Payment Amount: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

2. Creditor Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Creditor City, State, Zip: \_\_\_\_\_

Total Payment Amount: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

3. Creditor Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Creditor City, State, Zip: \_\_\_\_\_

Total Payment Amount: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

I authorize the Library of Congress Federal Credit Union to make payments to the above noted accounts in the amounts listed. These amounts will be paid, not to exceed my credit limit, as cash advances from my Library of Congress FCU Visa Credit Card.

\_\_\_\_\_  
Member/Cardholder Signature

\_\_\_\_\_  
Date

Please Fax or Mail your completed form:

- Fax: 202-707-6418
- By Mail:  
Library of Congress FCU  
8100 Professional Place, Suite 308  
Hyattsville, MD 20785-2229

**Completed forms can also be dropped off in-person at our Madison branch:**

**101 Independence Ave., SE,  
Room LM 634,  
Washington, DC 20540-9997**