

Financial Freedom for ALL.

## **BALANCE TRANSFER APPLICATION – VISA® Rewards**

Fax: (571) 527-2343	Attention: Card Services	
NAME:	Phone #	
MEMBER NUMBER:	VISA CARD #	_
There is no Balance Tran	nsfer Fee	
PLEASE TRANSFER THE FOLLOWING CREDIT CARD BALANCES TO MY DEMOCRACY VISA® CARD REFERENCED ABOVE:		
CREDIT CARD COMPANY	Y:	_
ACCOUNT #:	AMOUNT:	
ADDRESS		
CREDIT CARD COMPANY	Y:	_
ACCOUNT #:	AMOUNT:	
ADDRESS		
CREDIT CARD COMPANY	Y:	_
ACCOUNT #:	AMOUNT:	
ADDRESS		
CREDIT CARD COMPANY	Y:	_
ACCOUNT #:	AMOUNT:	
ADDRESS		
*PLEASE NOTE THAT YO	OU ARE RESPONSIBLE FOR ANY SCHEDULED PAYMENTS ON TH INCE TRANSFER IS PROCESSED.	
I AUTHORIZE DEMOCRA LIMIT) TO MY DEMOCRA	CY FCU TO TRANSFER THE ABOVE BALANCES (NOT EXCEEDIN CY FCU VISA®	G THE APPROVED
Signature	Date	
*APR=Annual Percentage Rate. See Credit Card Agreement and Disclosure that was provided to you at the time your credit card was opened. You may call Member Call Center on 202-488-5400 to verify your Balance Transfer rate.		
COMPLETED BY:	TELLER #:	