# VISA BALANCE TRANSFER REQUEST

## Applicant

Name (Last): _____ Name (First): _____ Middle Initial: ____

Physical Address: _____ State: ___ Zip: _____

(Note: This must be a physical address, not a P.O. box.)

Mailing Address (if different): _____ State: ___ Zip: _____

Primary Phone: _____ ☐ Home ☐ Work ☐ Cell

Secondary Phone: _____ ☐ Home ☐ Work ☐ Cell

Email Address: _____

## Applicant's Card Information:

Visa Card Number (last 4 only): _____

Name as it appears on card: _____

## Balance Transfer Information

**Note:** Transfers may not be completed if they exceed your available line of credit. Allow at least 2 weeks from account opening for processing. Continue paying each creditor until the transfer appears as a credit.

### Transfer Request #1

Amount to Transfer: _____

Account Number: _____

Name on Account: _____

Creditor Name: _____

Creditor Mailing Address: _____ State: ___ Zip: _____

### Transfer Request #2

Amount to Transfer: _____

Account Number: _____

Name on Account: _____

Creditor Name: _____

Creditor Mailing Address: _____ State: ___ Zip: _____

### Transfer Request #3

Amount to Transfer: _____

Account Number: _____

Name on Account: _____

Creditor Name: _____

Creditor Mailing Address: _____ State: ___ Zip: _____

## Signatures

I hereby authorize First Command Bank to pay the "Amount to Transfer" indicated to the "Creditor(s)" shown by issuing a check or electronic funds transaction and adding the "Amount of Transfer" to my First Command Bank VISA account. I understand that the amount transferred, combined with my current balance, cannot exceed my current First Command Bank VISA account credit limit.

_____ Date: _____

(Signature of Applicant)

Please print, sign, and fax this form to 1.866.369.3641 (toll-free).

**FIRST COMMAND BANK**

1 FirstComm Plaza ▪ Fort Worth, Texas 76109-4999 ▪ TOLL FREE 1.888.763.7600

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