



# Houston Texas Fire Fighters Federal Credit Union

## Credit Card Balance Transfer Request

Member Name: \_\_\_\_\_

Member Address: \_\_\_\_\_  
(street address) (city) (state) (zip)

Member Number: \_\_\_\_\_

Phone Number (Where you can be reached to confirm this request): \_\_\_\_\_

16 digit HTFFFCU Credit Card number \_\_\_\_\_

Check One:      Cash              Purchase

### Balance Transfer 1

Creditor Name:	Account Type:
Address:	Account #:
Address 2:	Amount:
City:	State:
Zip:	Phone #:

### Balance Transfer 2

Creditor Name:	Account Type:
Address:	Account #:
Address 2:	Amount:
City:	State:
Zip:	Phone #:

### Balance Transfer 3

Creditor Name:	Account Type:
Address:	Account #:
Address 2:	Amount:
City:	State:
Zip:	Phone #:

By signing, I authorize HTFFFCU to transfer the balance(s) as indicated above and in the order indicated to my HTFFFCU credit card. HTFFFCU does not charge a cash advance fee for these transactions. PLEASE NOTE: Please provide a copy of your most recent account statement(s) from the card issuer. If the payoff transaction brings your credit card to a zero balance and you wish to close the account(s) to avoid annual fees, please contact the issuing institution. You are responsible for keeping your credit card balance(s) current until HTFFFCU disburses the requested payoff(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Credit Union Use:      Bill Code: \_\_\_\_\_