

VISA BALANCE TRANSFER REQUEST

Member Name _____ Member Number _____

Visa Number _____

ACCOUNTS TO BE PAID:

COMPANY NAME: _____

ADDRESS: _____

COMPANY ACCOUNT NUMBER: _____

AMOUNT: _____

COMPANY NAME: _____

ADDRESS: _____

COMPANY ACCOUNT NUMBER: _____

AMOUNT: _____

COMPANY NAME: _____

ADDRESS: _____

COMPANY ACCOUNT NUMBER: _____

AMOUNT: _____

I authorize the University of Hawaii FCU to do the above cash advance/balance transfer(s). ****This is not a payoff transaction****

Member Signature (optional)

Date

ESOS: Received by / Date: _____

Entered by / Date: _____