NIH Federal Credit Union
P.O. Box 6475
Rockville, MD 20849-6475

Visa Credit Card Balance Transfer Request

You could "SAVE" on interest charges from other Lenders by transferring the balance to your NIHFCU VISA Credit Card

Use your available credit on your Visa Credit Card to pay off loans or credit cards with higher interest rates. Complete the information below and a check will be sent to the payee indicated. The transfers listed below will reflect on your NIHFCU Visa credit card monthly statement.
Balance transfers are subject to the transaction fee shown in your account pricing disclosures.

First Name:	Last Name:	Member #:	Daytime Number:
NIHFCU VISA Credit Card #:	Email:		Date:

Lender/ Payee Name:		
Address:		
City:	State:	Zip:
Account #:	Transfer Amount:	

Lender/ Payee Name:		
Address:		
City:	State:	Zip:
Account #:	Transfer Amount:	

Balance Transfer Terms and Conditions:

1. New Accounts - We will process your balance transfer within 24 hours after your new card number is established. You may cancel your balance transfer by contacting us at 800.877.6440. Please allow up to 7 -10 days for the transferred amount to reflect in the account you are paying off. Continue to make payments to your other accounts until you see a payment for the amount transferred on the statement from your other accounts
2. Each transfer plus the fee will reduce your available credit just like any other transaction.
3. Balance Transfers may not be used to pay off or pay down any account, loan, or line of credit issued by NIHFCU or its affiliates.
4. NIHFCU accepts no liability for late payments, charges and/or any other fees related to your other account(s), to include cost to close that account and/or a delay in processing the balance transfer. You also understand that there may be outstanding charges on the accounts being paid off and this Balance Transfer may not pay off the total balance due.
5. If there is an insufficient limit on your NIHFCU Visa, NIHFCU will pay off the balances in the order listed until the credit limit is exhausted. NIHFCU reserves the right to refuse to honor any request.
6. If you have additional balances you wish to pay off, please attach a list of the information and attach it to this form.

Bring this form to any NIHFCU Branch, submit via Secure Message or mail to NIH Federal Credit Union, Attn: Credit Card Department, 111 Rockville Pike, Suite 500, Rockville, MD 20850.

Note: This form cannot be used to process Cash Advances. In order to process a Cash Advance, you will need to bring your card to a branch location or to an ATM (PIN required) to process your request.

By signing, I authorize a balance transfer to my approved NIH Federal Credit Union Visa Credit Card Account in the amount(s) listed above. I have read and agree to the above terms.

Member's Signature _____ Date _____

Account Owner (print) _____

NIHFCU INTERAL USE ONLY

Branch #:	Received By (Employee's Name):	Employee's Initials:
Date Received:	NIHFCU Visa Credit Card Limit:	Referred By: