



FCB BALANCE TRANSFER REQUEST

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.

I, _____, request a balance transfer to my FCB Visa account to pay off the following merchants:

Visa Account Number _____ (to be completed by FCB)
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MERCHANT	Name of Company: _____
	Account Number: _____
	Mailing Address: _____
	Amount: \$ _____

MERCHANT	Name of Company: _____
	Account Number: _____
	Mailing Address: _____
	Amount: \$ _____

MERCHANT	Name of Company: _____
	Account Number: _____
	Mailing Address: _____
	Amount: \$ _____

Cardholder's Signature _____ *Date*

Cardholder's Primary Phone: _____ Home Work Cell

Cardholder's Secondary Phone: _____ Home Work Cell

Cardholder's E-mail Address: _____

Please print, **sign**, and fax this form to 1-866-369-3641 (toll-free) or 1-817-763-0557.



An affiliate of

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 First Command Financial Services, Inc.

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Putting you first – Wherever you are. Whatever it takes.