

TACTIC CAPTURE
THINK AHEAD
STRATEGY PLAN

TRANSFER your debts and SAVE!

Complete, sign and fold to return
postage paid to DCTFCU.

I hereby authorize the DC Teachers Federal Credit Union (DCTFCU) to pay off the balance(s) due on the revolving charge or other consumer loan account(s) I have listed by issuing a check to the accounts indicated and adding a cash advance for the total amounts to my DCTFCU Visa account.

I understand that the transaction will appear on my statement as "cash advance" and finance charges will accrue immediately.

I understand that DCTFCU is not responsible for my payment being late or lost in the mail.

I also understand that there may be outstanding charges on my account(s) and this advance may not pay off the total balance due.

I further understand that, if there is an insufficient limit on my DCTFCU Visa account to pay off all the account balances listed, the Credit Union will pay off my accounts in the order listed and notify me of any accounts that cannot be paid in full.

YES! I want to transfer my
outstanding debts to my
DCTFCU Credit Card.

Indicate accounts to be paid below:

1.

Creditor

Payment Mailing Address

City, State, Zip

Account Number \$
Amount to be paid

2.

Creditor

Payment Mailing Address

City, State, Zip

Account Number \$
Amount to be paid

3.

Creditor

Payment Mailing Address

City, State, Zip

Account Number \$
Amount to be paid

By signing below, I authorize DCTFCU to transfer the
balances indicated to my DCTFCU VISA Account. I have
read and agree to the terms of the offer.

X

Signature

DCTFCU Credit Card #

Member Account Number Date

Daytime Phone #