**Visa Balance Transfer Request Form**

I authorize Freedom Federal Credit Union to transfer the balance from my accounts listed below to my Freedom Federal Credit Union Visa credit card.

1. Amount: $      Account Number:

Financial Institution/Creditor Name:

Creditor Address:

1. Amount: $      Account Number:

Financial Institution/Creditor Name:

Creditor Address:

1. Amount: $      Account Number:

Financial Institution/Creditor Name:

Creditor Address:

1. Amount: $      Account Number:

Financial Institution/Creditor Name:

Creditor Address:

I understand and agree that Freedom Federal Credit Union will transfer only the amount listed above. I further understand and agree that Freedom Federal Credit Union shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. I further understand and agree that Freedom Federal Credit Union shall not be responsible for any act or failure to act on the part of other financial institutions and creditors listed above. Furthermore, I agree to hold Freedom Federal Credit Union harmless for any claims, liabilities, attorney’s fees and other costs and expenses of any kind which may be incurred by them by reason of their performance under this agreement.

Member Name:

Freedom Federal Credit Union Account Number:

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