



Visa Transfer Authorization Form

Member Name:

Account #:

Transfer to the following:

Card Name:

Account #:

Amount:

Payment Address:

"

Card Name:

Account #:

Amount:

Payment Address:

"

Card Name:

Account #:

Amount:

Payment Address:

"

Card Name:

Account #:

Amount:

Payment Address:

By signing below, I authorize Eagle Federal to issue a cash advance to my Visa for the purpose of transferring the above balances. I understand that this may or may not pay the balance(s) in full and that the cash advance(s) will be issued up to my previously established credit limit.

Signature

Date