

Credit Card Cash Advance Form

Fax: 703.245.0540 infirstfcu.org

| Member Name: | | | Member Number (Last 4 Digits): | | | |
|---|----------------------------|---------------------|--------------------------------|--------------|---|--|
| InFirst Cre | dit Card Number (Last 4 Di | gits): | rs): Email: | | | |
| Cell Phone | :: | Home Phone: | : | Work Phone: | | |
| Current M | ailing Address: | | | | | |
| I request a | ı cash advance from my InF | irst credit card li | sted above in the | amount of \$ | · | |
| Transfer my cash advance into the follo | | llowing share: | Savings | Checking | | |
| The cash advance fee is 3% of the amount of the cash advance, subject to a minimum fee of \$5.00. | | | | | | |
| The maximum amount you can obtain with a cash advance is 50% of your credit card limit. | | | | | | |
| I understand that I will not earn rewards points on a cash advance. | | | | | | |
| | | | | | | |
| Member Signature: | | | | Date: | | |
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| | | | | | | |
| Cre | edit Union Use Only: | | | | | |
| Da | te Received: | | | | | |
| Da | te Cash Advance Processed | d: | _ | | | |
| Init | tials: | Teller | ·#: | | | |