



OPTIONAL VISA BALANCE CASH ADVANCE REQUEST

IHCU VISA Card Number: _____

Amount of Cash Advance requested \$ _____

Terms and Conditions:

- 1) I have read and understand the **Credit Card Account Opening Disclosure**.
- 2) I have read and understand the **Consumer Credit Card Agreement**.
- 3) I understand all terms and conditions associated with this credit card.
- 4) The requested funds must be deposited in to the existing IHCU share / savings account associated with the VISA card referenced above, which may then be withdrawn in cash or transferred to another IHCU share account.

By signing below I authorize the Credit Union to process the requested cash advance of my IHCU VISA card. I have read the terms and conditions of this transfer request.

An additional copy of your **Credit Card Account Opening Disclosure** and / or **Consumer Credit Card Agreement** will be provided to you upon request prior to a cash advance of your IHCU VISA card.

Member Account Number: _____

Today's Date: _____

Member Name (Please Print): _____

Member Signature: _____