



CREDIT CARD CASH ADVANCE FORM

Member Name: _____ Member Account Number (Last 4 Digits): _____

PAHO/WHO FCU Credit Card Number (Last 8 Digits): _____

Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Current Mailing Address: _____

I request a cash advance from my PAHO/WHO FCU listed above in the amount of \$ _____

Transfer my cash advance into the following share: Savings Checking

The maximum amount you can obtain with a cash advance is your credit card available limit.

I understand that I will not earn rewards points on a cash advance.

Member Signature

Date

PAHO/WHO Federal Credit Union Use Only

_____	_____	_____
<i>Date Received</i>	<i>Date Cash Advance Processed</i>	<i>Initials</i>