



Credit Card Upgrade Request Form

Membership No.: _____ Member Name: _____

E-mail: _____ Home Phone No: _____

Social Security No.: _____ Mother's Maiden Name: _____

Card Number (last 4 digits): _____

I would like to request the following Upgrade:

From

Visa Classic
Visa Gold
Visa Platinum
MasterCard Classic
MasterCard Gold

To

Visa Gold
Visa Platinum
Visa Platinum Member Rewards*

Signature: _____ Date: _____

Card Services
Bank-Fund Staff FCU
Mailing address:
P.O. Box 27755
Washington, DC 20038-7755 USA

Toll Free Visa/MC: (800) 654-7728
Fax: (202) 683-2396
Email: creditcards@bfsfcu.org

***A \$19 annual fee will apply upon upgrade.**

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