Cash Advance Request Form

Cardholder Name _____

Home Phone # _____ Work Phone # _____

evolve Account Number : _____

evolve FCU Credit Card Account Number _____ -_____ -_____ -_____

Amount to Advance _____

**Cash Advance Limits vary with credit limits and the card balance cannot exceed the available credit limit. There is a Cash Advance Fee of $5.00 or 1% of each cash advance, whichever is greater. Cash advances will be deposited into savings.

Signature_____ Date _____

Email completed request to loans@evolvefcu.org or fax to 915-633-1319

For Credit Union Use Only - Please Print Clearly

Received By: _____ Date: _____

Processed By: _____ Date: _____