

No Balance Transfer fee 80th Anniversary Special Acme Visa 2.80 % for 18 months

Balance Transfer Form

Offer good through Nov 15, 2017- January 15, 2018

*No refinancing Acme Accts

Please type or print legibly

Allow 3-5 business days to post

Fax to: 708-849-0034

Email: visa@acmecontinentalcu.com

Member Name	
Acme Visa Card Number	
Date	
Member Account #	
Your Phone number:	() _____ - _____

Transfer #1		
Lender's Name		
Lender's Payment Address		
Phone _____	City: _____	State _____ Zip: _____
Account Number		
Amount to Transfer		

Transfer # 2		
Lender's Name		
Lender's Payment Address		
Phone _____	City: _____	State _____ Zip: _____
Account Number		
Amount to Transfer	\$	

Transfer # 3		
Lender's Name		
Lender's Payment Address		
Phone _____	City _____	State _____ Zip: _____
Account Number	#	
Amount to Transfer	\$	

By signing below, I have confirmed the above information is correct and I understand this transaction will be processed as a cash advance against my Acme Credit Union Visa Credit Card. I further agree to the cash advance terms and conditions noted in the Credit Union Cardholder Agreement.

Member's Signature _____ Date: _____