

**No Balance Transfer fee Acme Visa 2.9 % for 18 months**

**Offer good through March 31, 2019**

Please type or print legibly

\*No refinancing Acme Accts  
Allow 3-5 business days to post

Fax to: 708-849-0034 Email: [visa@acmecontinentalcu.com](mailto:visa@acmecontinentalcu.com)

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

Transfer #1		
<b>Lender's Name</b>		
Lender's Payment Address		
Phone_____	City:_____	State____ Zip:_____
Account Number		
Amount to Transfer		

Transfer # 2		
<b>Lender's Name</b>		
Lender's Payment Address		
Phone_____	City:_____	State____ Zip:_____
Account Number		
Amount to Transfer	\$	

Transfer # 3		
<b>Lender's Name</b>		
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:\_\_\_\_\_