

**No Balance Transfer fee Acme Visa 4.9 % for 12 months**

**Balance Transfer Form**

**Offer good through Jan 1, 2025- Apr 15, 2025**

\*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](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: \_\_\_\_\_