

No Balance Transfer fee Acme Visa 4.9 % for 12 months**Balance Transfer Form****Offer good through Jan 15 - Apr 15, 2026**

*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:_____
FULL Account Number		
Amount to Transfer		

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

Transfer # 3		
Lender's Name		
Lender's Payment Address		
Phone_____	City	State____ Zip:_____
FULL 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:_____