



Phone: 815-267-7700
 Toll Free: 866-469-6228
 www.abricu.com

VISA® BALANCE TRANSFER REQUEST

To process your balance transfer(s), complete the form below & return to ACU via fax, mail or in person at any ACU branch location.
 Fax: **(815) 409-4865**
 Mail to: 1350 W. Renwick Road, Romeoville, IL 60446

PLEASE PRINT CLEARLY

ACU Cardholder Information	Balance Transfer #1	Balance Transfer #2
Member Name:	Lenders Name:	Lenders Name:
ACU Account Number:	Account Number:	Account Number:
ACU VISA Credit Card Type: <input type="checkbox"/> Classic <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Platinum Rewards Credit Card Number (if known):	Payment Address:	Payment Address:
Daytime Contact Number:	City, State, Zip:	City, State, Zip:
E-Mail Address:	Exact Amount to be Paid: \$	Exact Amount to be Paid: \$

I request and authorize ACU to transfer the amounts indicated from the lenders shown above to my ACU VISA account. I understand balance transfer requests will be processed in the order listed above and that each transfer must be greater than \$100. The total balance transfer request must be within my available credit limit. I understand that I cannot hold ACU responsible for late payments. I am aware that this transaction will be processed as a cash advance according to the terms & conditions of my ACU Visa Credit Card Account agreement. Please allow 7 to 10 business days for processing.

Cardholder Signature: _____ **Date:** _____

To transfer additional balances, please attach a separate sheet of paper and include information requested above or a copy of your statement and indicate the amount you wish to be transferred.

Questions?
 Call (815) 267-7700

Revised 01/25/2018