



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

## VISA® BALANCE TRANSFER REQUEST New Account - 6 Month Balance Transfer Offer

To process your balance transfer(s), complete the form below & return to ACU  
 by 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:<br><input type="checkbox"/> Platinum <input type="checkbox"/> Platinum Rewards<br>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:<br>\$ | Exact Amount to be Paid:<br>\$ |

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. I understand that the balance transfer rate will begin on the date the card is opened and end six months from the opening date. When the balance transfer rate expires, the existing card rate will go into effect on any remaining balance. **The balance transfer rate does not apply to existing ACU balances or convenience checks.** 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 or (866) 469-6228