



138 South Main Street  
Attleboro, MA 02703

Telephone 508 226-0140 Fax 508 222-9359

# VISA BALANCE TRANSFER FORM

**Better Than A Bank Credit Card.**

There is **NO FEE** to transfer the balance from another card(s) to your credit union **VISA**. Simply complete this form and return it to us.



Card Issuer \_\_\_\_\_ Account No. \_\_\_\_\_

Payment Address \_\_\_\_\_ Amount to Pay: \$ \_\_\_\_\_  
1  
\_\_\_\_\_

Card Issuer \_\_\_\_\_ Account No. \_\_\_\_\_

Payment Address \_\_\_\_\_ Amount to Pay: \$ \_\_\_\_\_  
2  
\_\_\_\_\_

(use multiple forms if necessary)

I authorize you to make a cash advance up to my available credit limit from my *Attleboro Municipal Employees Federal Credit Union* VISA credit card in order to make payment to the accounts indicated. I understand that this authorization does not close the accounts, and that if I wish to close them, I must notify the card issuers. I also understand that you will mail checks, for the amounts I have requested, to the card issuers within two to three weeks of your receipt of the properly completed balance transfer authorization and upon approval of credit. I understand that I am responsible for any late charges that are incurred during this period. Transfer of funds may take up to 3 weeks to complete.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of your AttleboroFCU VISA Credit Card No. \_\_\_\_\_

**APR (Annual Percentage Rate) 11.9% NO ANNUAL FEE**