



BALANCE TRANSFER REQUEST FORM

Visa® Credit Card

Contact Information

Name : _____ Date of Birth : _____

Address : _____

City : _____ State : _____ Zip : _____

Daytime Phone Number : _____ Email : _____

Member Number : _____

Card Information

Current ACCU Card Account Number : _____

Balance Transfer Request

Have high-rate credit cards? Save on your credit card payments by transferring your high-rate credit card balances to one of our low-rate Visa credit cards. A balance transfer fee may apply. It may take up to 10 business days for the balance transfer to be processed. Continue to make the minimum payment by your due date so you do not incur late fees. Ask a representative for more details or call 1-800-343-6328.

Credit Card Issuer : _____ Account Number : _____

Mailing Address of Issuer : _____

Transfer Amount (minimum \$500): _____

Credit Card Issuer : _____ Account Number : _____

Mailing Address of Issuer : _____

Transfer Amount (minimum \$500): _____

Credit Card Issuer : _____ Account Number : _____

Mailing Address of Issuer : _____

Transfer Amount (minimum \$500): _____

Credit Card Issuer : _____ Account Number : _____

Mailing Address of Issuer : _____

Transfer Amount (minimum \$500): _____

Primary Cardholder Signature

Date

