

Visa® Balance Transfer Form

Transfer your higher rate store or bank credit card with **no fee** to the Attleboro Municipal Employees Federal Credit Union Platinum Visa® Card.

SIMPLY COMPLETE THIS FORM AND RETURN IT TO US.

Card Issuer 1:	Account No.
Payment Address:	Payoff Amount: \$
Card Issuer 2:	Account No.
Payment Address:	Payoff Amount: \$
Card Issuer 3:	Account No.
Payment Address:	Payoff Amount: \$
Should you require more space, please use multiple forms. I authorize Attleboro Municipal Employees Federal Credit Union to make a cash advance up to the full available credit limit from my Attleboro Municipal Employees Federal Credit Union Platinum VISA® credit card to make payment(s) to the account(s) indicated above.	
I understand that this authorization does not close the ab must notify those card issuers directly. I further underst States Postal Service, for the amount(s) requested, to the receipt of the properly completed balance transfer authorized am responsible for any late charges that may be incurred three weeks to complete.	and that physical checks will be mailed via the United he card issuers within two to three weeks of AMEFCUs prization and upon approval of credit. I understand that I
(Printed Name)	
(Signature)	(Date) (Last 4 digits of AMEFCU Visa Credit Card)