

## Visa® Balance Transfer Form

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

SIMPLY COMPLETE THIS FORM AND RETURN IT TO US.

Card Name:	Account No.
Issuing Bank:	
Payment Address:	Payoff Amount: \$
Card Name:	Account No.
Issuing Bank:	
Payment Address:	Payoff Amount: \$
Card Name:	Account No.
Issuing Bank:	
Payment Address:	Payoff Amount: \$
from my Attleboro Municipal Employees Federal Credit account(s) indicated above.  I understand that this authorization does not close the above those card issuers directly. I further understand that physicathe amount(s) requested, to the card issuers within two to	nion to make a cash advance up to the full available credit limit Union Platinum VISA® credit card to make payment(s) to the mentioned accounts, and that if I wish to close them, I must notify I checks will be mailed via the United States Postal Service, for three weeks of AMEFCUs receipt of the properly completed I understand that I am responsible for any late charges that may up to three weeks to complete.
100	
(Signature)	(Date) (Last 4 digits of AMEFCU Visa Credit Card)
Annual Percentage Rate as of November 1, $2024 = 1$	.90% No Annual Fee