



138 SOUTH MAIN STREET
ATTLEBORO, MASSACHUSETTS 02703
P 508.226.0140 • F 508.2229359 • ATTLEBOROFCU.ORG

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:
\$ _____

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 abovementioned accounts, and that if I wish to close them, I must notify those card issuers directly. I further understand that physical checks will be mailed via the United States Postal Service, for the amount(s) requested, to the card issuers within two to three weeks of AMEFCU's receipt of the properly completed balance transfer authorization and upon approval of credit. I understand that I am responsible for any late charges that may be incurred during said period. Transfers of funds may take up to three weeks to complete.

(Printed Name)

(Signature) (Date) (Last 4 digits of AMEFCU Visa Credit Card)

Annual Percentage Rate as of November 1, 2024 = 11.90%

No Annual Fee