



Balance Transfer Form

Applicant's Name	
Applicant's Number	
ACU Visa Card # (Last 4)	

Transfer From...	
Issuer:	
Payment Address:	
Account Number:	
Exact Transfer Amount:	

Transfer From...	
Issuer:	
Payment Address:	
Account Number:	
Exact Transfer Amount:	

Applicant's Signature:	
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Please complete all information. An incomplete form will delay your balance transfer request. Incomplete or inaccurate information could result in delays or denial of balance transfer.