

VISA BALANCE TRANSFER REQUEST

CURRENT BALANCE TRANSFER RATE: APR _____ (_____ % MONTHLY PERIODIC RATE)
{rate corresponds to your credit purchase rate – see your account disclosure for information on finance charges for your credit purchases}

By signing below, I/WE request that the American Pride Credit Union transfer my present balance on the credit card account(s) listed below to my American Pride Credit Union VISA card, account number 420260001_____. I/WE agree to be bound by the terms and conditions of the original American Pride Credit Union credit card agreement, a copy of which was mailed upon approval of the original credit card application. Use of the American Pride Credit Union VISA card conclusively presumes receipt of such agreement and acceptance of such terms. I/WE understand that the current balance transfer interest rate may be withdrawn at any time and may not be available for future balance transfer transactions at the current rate.

- Balance transfer is contingent upon approval by the American Pride Credit Union.
- The American Pride Credit Union reserves the right to decline to process any balance transfer request.

<u>CREDIT CARD NAME</u>	<u>CREDIT CARD NUMBER</u>	<u>PAYOFF</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If this is a joint account, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

Signature

date

Signature

date

Credit Union Approval: