

**ABE FEDERAL CREDIT UNION**  
**P.O. BOX 4002**  
**ANSONIA STATION**  
**NEW YORK, NY 10023**

**VISA PLATINUM CREDIT CARD**  
**BALANCE TRANSFER FORM**  
**6.99% FOR LIFE OF THE TRANSFER**  
**LIMITED TIME OFFER**

Transfer your high-rate credit card balances from another financial institution to your Visa Platinum. The requested transfers cannot exceed your current Visa card credit limit. Please complete the necessary information requested below, sign, and return this form along with a copy of your most recent credit card bill to:

**ABE Credit Card Coordinator, 7-11 Front Street, Rockville Centre, NY 11570**

Member's Name \_\_\_\_\_

ABE Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: A balance transfer is a cash advance. There is no grace period. Please check your Visa statement for your Annual Percentage Rate (APR). Cash advance and balance transfers do not earn Score Card points. The minimum payment is 2.00% of your total new balance, or \$10.00, whichever is greater.**

**BALANCE TRANSFER TO BE MADE TO:** \_\_\_\_\_

**AMOUNT OF TRANSFER: \$** \_\_\_\_\_

Member Name Under Which Credit Card Has Been Established \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name of Financial Institution of Credit Card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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Credit Card # \_\_\_\_\_

Name of Financial Institution of Credit Card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**American Broadcast Employees Federal Credit Union**  
**7-11 Front Street, Rockville Centre, NY 11570**

**Phone: 800-598-0128**

**Fax: 800-939-7064**

[www.abefcu.org](http://www.abefcu.org)

For Credit Union Use Only:

Received at RVC By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_