



VISA® BALANCE TRANSFER REQUEST FORM

Member Name (Print) _____

Member Number _____

Name of financial institution(s) your balance will be transferred from

Balance transfer amount(s)

Member Signature _____

Date _____

Instructions: Please include a copy of your most recent credit card statement(s) from the financial institution(s) you would like to transfer your balance from along with your completed Balance Transfer Request Form. You may send the copy of your statement(s) and **fax to 847-888-6653** or **mail to Alero Financial Credit Union, Attention: Member Center, 2075 Big Timber Road, Elgin, IL 60123.**

If you have any questions or would like assistance with your Balance Transfer Request, please contact our Member Center at **1-800-359-1939**, Monday - Thursday 9 a.m. to 5 p.m. | Friday 8 a.m. to 6 p.m. | Saturday 9 a.m. to 12 p.m. CST.

Federally insured by NCUA.

1-800-359-1939 • www.cafcu.org