

# Visa® Balance Transfer Form

Balance transfer payments are sent as paper checks to all creditors. It may take up to three weeks to post the balance transfer transaction. Please continue to make all required payments until you confirm that your balance transfer was made. We will not close your other accounts even if you transfer the entire balance. If you wish to close an account, please contact the issuer directly.

**PLEASE COMPLETE, SIGN AND RETURN TO AEA BY MAIL OR FAX:**

**AEA Federal Credit Union**  
**ATT: [membercare@aeafcu.org](mailto:membercare@aeafcu.org)**  
**1780 S. 1st Ave.**  
**Yuma, AZ 85364**  
**Fax: 928.373.5867**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Member #: \_\_\_\_\_ AEA Visa Credit Card #: \_\_\_\_\_

**BALANCE TRANSFER ONE:**

Name of Payee (Credit Card Company): \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount to be paid: \$ \_\_\_\_\_  
Payee Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Payee phone # (see back of card): \_\_\_\_\_

**BALANCE TRANSFER TWO:**

Name of Payee (Credit Card Company): \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount to be paid: \$ \_\_\_\_\_  
Payee Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Payee phone # (see back of card): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that by submitting this balance transfer request, I hereby authorize AEA Federal Credit Union to pay the amount indicated to the card issuer(s) shown by issuing a check and adding the amount to my AEA Federal Credit Union Visa credit card account. I understand that the amount transferred, combined with my current balance, cannot exceed my credit limit. AEA Federal Credit Union is not responsible for any late fees or balance remaining associated with the transfer of other card and loan balances.