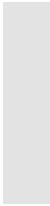


VISA Balance Transfer Request Form

Name _____
Address _____
City/State/Zip _____
Phone _____
Acct # _____



Credit Card Balance Transfer Information:

1.
Creditor Name: _____
Account No. _____
Amount: \$ _____

2.
Creditor Name: _____
Account No. _____
Amount: \$ _____

3.
Creditor Name: _____
Account No. _____
Amount: \$ _____

Balance Transfer Disclosure

You may be eligible to request a balance transfer(s) at the time of acceptance. We will process these balance transfer requests in the order listed, up to your available credit limit. If one of more balance transfer requests exceeds your available credit limit, we will automatically lower or cancel a balance transfer request starting with the lowest dollar amount to an amount that will not exceed your available credit limit and complete the qualifying transfers. Because it may take up to 14 days to complete the balance transfer request, please continue making payments to the account in accordance with the account terms until you are certain the balance transfer has posted to the account. There are no balance transfer fees associated with this request. Balance transfers may not be made to pay off, or make payments to, existing Associated Federal Employees Federal Credit Union loans.

The above information is submitted for the sole purpose of requesting a Visa balance transfer and I hereby certify the information to be true.

SIGNED _____
DATE _____