

Pay down high interest debt!

Move your higher rate balances to our VISA® Rewards Credit Card

3.90%
APR*

ON YOUR TRANSFERRED BALANCE FOR 13 BILLING CYCLES

NO BALANCE TRANSFER FEE



Request a balance transfer by printing and completing the form on the reverse side and mailing it to Rhode Island Credit Union, VISA Department, 160 Francis Street, Providence, RI 02903 or submitting at any branch location.

*APR = Annual Percentage Rate. The 3.90% APR balance transfer promotional rate will be in effect from the time of the posting of the initial qualifying balance transfer to your credit card account for thirteen consecutive billing cycles. After the expiration of your balance transfer promotional rate, the remaining unpaid portion of the original balance transfer request will be subject to your standard APR. Balance transfers may not be used to pay any Rhode Island Credit Union loan or VISA® Credit Card. Balance transfers must be made by March 31, 2021.

RHODE ISLAND CREDIT UNION VISA® REWARDS CREDIT CARD BALANCE TRANSFER REQUEST

You may transfer any amount up to your approved credit line. Transfer requests will be processed in the order requested up to your credit line. The full requested amount will be transferred if available. If not, a partial payment will be processed. You should continue to pay the minimum monthly payment due on your account balances until the transferred balances are credited to the accounts. Please allow up to three weeks for balances to be transferred. Transfer requests could be delayed if any of the information below is incorrect. Attach a separate sheet for additional balance transfer requests.

1. Creditor Name _____ Account Number _____
Payment mailing address _____ Transfer Amount _____
City _____ State _____ Zip _____

2. Creditor Name _____ Account Number _____
Payment mailing address _____ Transfer Amount _____
City _____ State _____ Zip _____

3. Creditor Name _____ Account Number _____
Payment mailing address _____ Transfer Amount _____
City _____ State _____ Zip _____

4. Creditor Name _____ Account Number _____
Payment mailing address _____ Transfer Amount _____
City _____ State _____ Zip _____

By signing below, I/we authorize Rhode Island Credit Union to transfer the balance(s) as indicated above to my/our Rhode Island Credit Union VISA® Rewards Credit Card Account.

Applicant/Borrower's Signature Date

Co-Applicant/Co-Borrower's Signature Date

Applicant/Borrower's Name (*printed*)

Co-Applicant/Co-Borrower's Name (*printed*)

Rhode Island Credit Union VISA® Rewards Credit
Card Number

Member Share Account Number