

**Contact Information:**

Member's Name:		DOB: ____/____/____
Member Number:		
Physical Address (No P.O. Box):		
City:	State:	Zip:
Mobile Phone:	Home Phone:	
Email address:		

**Card Information:**

Current ACCU Credit Card Number:

**Acceptance:**

By checking this box, you have agreed to the new terms and conditions of the America's Christian Credit Union Visa® Signature Rewards Card. (View full disclosure to learn more.) The Annual Percentage Rate of your new Visa Signature Rewards Card will apply to your existing outstanding balance as well as new purchases and cash advances. Additional disclosures will be enclosed with your new Visa Signature Rewards Credit Card.

**Note:** A minimum credit limit of \$5,000, or greater is required to qualify for the Visa Signature Rewards Card. If your credit limit is less than \$5,000, or you would like to have your current credit limit increased, please note in the area below. Any increase in credit limit is subject to credit approval.

All current card information and rewards points will transfer to your new card and your old card will be terminated after 15 days. If you have any automatic payments from your credit card, you will need to contact the payee with your new card information upon receipt of the card.

Credit Limit Increase Request:

Signature:	Date: ____/____/____
------------	----------------------

**Balance Transfer Request:**

Have high-rate credit cards? Save on your credit card payments by transferring your high-rate credit card balances to our low rate Visa Signature Rewards Card. Transfer the balance for 0% in the first 6-months of the card's opening.

Request 1	Credit Card Issuer:	Account Number:		
	Mailing Address of Issuer:			
	City:	State:	Zip:	
	Transfer Amount (minimum \$500):			
Request 2	Credit Card Issuer:	Account Number:		
	Mailing Address of Issuer:			
	City:	State:	Zip:	
	Transfer Amount (minimum \$500):			

 I decline a balance transfer at this time