BALANCE TRANSFER REQUEST

In order to ensure accurate processing and timely payoff, we strongly recommend that you provide us with the most recent statement(s) for the cards you would like to payoff.

Cardholder Name_____   Card Number_____

I would like to transfer $_____ of my credit card balance with _____ (Card Name) to my Fond du Lac Credit Union Visa. The full, unmasked card number is: _____ Their payment address is: (skip if statement attached) _____ _____ (City) (State) (ZIP-9 DIGIT)	I would like to transfer $_____ of my credit card balance with _____ (Card Name) to my Fond du Lac Credit Union Visa. The full, unmasked card number is: _____ Their payment address is: (skip if statement attached) _____ _____ (City) (State) (ZIP-9 DIGIT)

Please transfer the amounts shown above to my FDLCU Visa.

_____   _____
(Signature of Authorized Cardholder)   (Date)

You agree to allow up to 14 days for processing of your balance transfer request. Please continue to make any minimum payments due until you are certain the balance transfer(s) has been credited to that account. If payment of the amount(s) you authorized does not fully satisfy the balance(s), you will be responsible for the remaining balances. Balance transfers are assessed finance charges from the transaction date. If your transfer request(s) will cause your balance to exceed the card limit, we may decline any or all transfer requests. Balance transfers may not be used to pay off current obligations with FDLCU. Your balance transfer rate will remain fixed for the life of the transfer balance. The payment and transfer of balances is contingent upon receipt of complete, legible balance transfer requests.

FOR OFFICE USE ONLY

Request received by:	Processed by:	Process Date: