

Yes! I want to transfer the credit card balance(s) listed below to my Notre Dame FCU credit card. I understand transfers are subject to my available credit. If there is not enough credit available to complete my request, I understand a partial payment may be issued. List the most important transfer first. Attach additional requests on a separate sheet of paper. I understand that Notre Dame FCU may request a copy of my statement and has sole discretion on whether to complete any balance transfer request. Please complete this form and email to: NDFCU@NotreDameFCU.com or drop off at your nearest branch.

Balance transfers are subject to a minimum fee of at least 3%, depending on your card type.

Date: _____

Card Issuer _____

Name on Account _____

Card Payment Address _____

City _____ State _____ Zip _____

Complete Card Account # _____

Exact amount to pay \$ _____

Deposit balance transfer funds to Account # _____

Send check to address above. *Mail delivery is dependent on USPS and posting of the payment is reliant on the procedures of the Issuer listed above.*

Card Issuer _____

Name on Account _____

Card Payment Address _____

City _____ State _____ Zip _____

Complete Card Account # _____

Exact amount to pay \$ _____

Deposit balance transfer funds to Account # _____

Send check to address above. *Mail delivery is dependent on USPS and posting of the payment is reliant on the procedures of the Issuer listed above.*

By signing below, I certify that I have read and agreed to all the terms, authorizations, and disclosures included with this offer. I understand that if any of the above information is incorrect it could delay the posting of my funds or they could be misapplied. To avoid this, we ask that you provide a copy of your statement or, at a minimum, your remittance slip.

- I confirm that I wish to transfer the above amounts to the Notre Dame FCU credit card number listed below and agree to the balance transfer fee listed in the terms & conditions of my cardholder agreement.
- I understand if I selected the send check option that a stop payment may not be placed on the check and I must continue to make payments on the above card until my balance transfer is received.

My Notre Dame FCU credit card account number _____

Notre Dame FCU Membership Number _____

Signature _____

Please continue to make payments to the lenders listed above until you receive notification from those lenders that your balance has been transferred to your new Notre Dame FCU credit card.