



Yes! I want to transfer the amount shown below on the credit card account(s) with a cash advance 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. I understand I will receive a check receipt indicating the amount of funds transferred to that lender. List the most important transfer first. Attach additional requests on a separate sheet of paper. Please complete this form and mail to: **Notre Dame FCU, Attn: Credit Card Dept., P.O. Box 7878, Notre Dame, IN 46556.**

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

Card Issuer _____

Payment Address _____

City _____ State _____ Zip _____

Complete Account # _____

Exact amount to pay \$ _____

Card Issuer _____

Payment Address _____

City _____ State _____ Zip _____

Complete Account # _____

Exact amount to pay \$ _____

Card Issuer _____

Payment Address _____

City _____ State _____ Zip _____

Complete Account # _____

Exact amount to pay \$ _____

By signing below, I certify that I have read and agreed to all the terms, authorizations, and disclosures included with this offer.

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.

My Notre Dame FCU credit card account number _____

Signature _____

Notre Dame FCU Membership Number _____

Transfers are subject to approved credit line. 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.

**Consult your Notre Dame FCU Cardholder Agreement for complete details regarding fees and terms & conditions for Balance Transfers.*

Notre Dame FCU Internal Use Only
Referral Name _____ Teller Number _____