

Please print, complete and mail to:

Landmark Credit Union
 Attn.: Credit Card Department
 P.O. Box 510870
 New Berlin, WI 53151-0870



Balance Transfer Request



Upon approval, please transfer the balances from my other credit cards to my Landmark Credit Card. (Do not send credit card bills or payments with this request.)

Your Name (printed)		Daytime Phone	
Creditor Card Name		Transferring Account No.	
Transferring Amount	Creditor Payment Address	State	Zip
Creditor Card Name		Transferring Account No.	
Transferring Amount	Creditor Payment Address	State	Zip
Signature		Date:	

Please attach a list of other accounts you wish us to transfer.

01-2011