

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