



BALANCE TRANSFERS to My Credit Card

CARD ACCOUNT #: _____

Please pay off these high-rate credit accounts:

Lender Name	Account #	Amount to Pay \$	Payment Mailing Address

By signing below, I authorize DayMet Credit Union to advance my credit card account to pay the above named lenders the amounts indicated. I acknowledge that I must continue to make scheduled payments on these accounts until I see the payoffs on my statements. Transfers are processed as cash advances as described in the credit card agreement. Cash advances incur finance charges from the transaction date.

Member Name: _____ Daytime Phone: _____

Member Signature: _____ Date: _____

To transfer your other credit card balances:

Fill out this form & PRINT a copy

- **Email** your signed copy to support@daymetcu.com.
- OR **Fax** your signed copy to 937-236-2786.
- OR **Mail** your signed copy to

DayMet Credit Union
PO Box 13087
Dayton, OH 45413

... your credit union ... for your success ... in your community

