

# 2.99%\* BALANCE TRANSFER PROMO



Completed form can be faxed or dropped off to one of our convenient locations.

**Fax: 708-857-7717**

**Call Center: 708-857-7070**

**Drop off locations:**      9059 S. Kedzie                      14740 S. Cicero                      820 S. Damen  
   Evergreen Park                      Midlothian                      Chicago

\*Limited time offer - balance transfer limited to your available balance at posting;  
2.99% is for 12 months of the Balance Transfer

**DATE:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- NEW ACCOUNT
- EXISTING ACCOUNT

**MEMBER INFORMATION**

NAME: \_\_\_\_\_

MEMBER #: \_\_\_\_\_

SDCU VISA ACCOUNT #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TRANSFER INFORMATION #1**

AMOUNT TO PAY: \$ \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CREDITOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TRANSFER INFORMATION #2**

AMOUNT TO PAY: \$ \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CREDITOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TRANSFER INFORMATION #3**

AMOUNT TO PAY: \$ \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CREDITOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(\$5.00 Fee will be assessed if information you provided is incorrect)

**For Office Use Only**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

