NO FEE BALANCE TRANSFER REQUEST

Save money on interest charges when you consolidate your credit card debt. Please complete and return this form to 3530 Advantage Way, Winston-Salem, NC 27103. If you have questions concerning the completion of this document, or the transfer process, please contact us at 800.433.7228 or fax to 336.744.8896. We caution you to not transfer the amount of any disputed purchases, as you may lose your dispute rights.

MEMBER NAME _____ # MEMBER NUMBER _____

PIEDMONT ADVANTAGE Mastercard® CREDIT CARD NUMBER _____ / / EXP. DATE (MM/DD/YYYY)

Card #1: _____
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER _____ $ TRANSFER AMOUNT _____

CREDIT CARD PAYMENT MAILING ADDRESS _____ CITY, STATE, ZIP _____

Card #2: _____
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER _____ $ TRANSFER AMOUNT _____

CREDIT CARD PAYMENT MAILING ADDRESS _____ CITY, STATE, ZIP _____

Card #3: _____
NAME OF CREDIT CARD TO BE PAID OFF

ACCOUNT NUMBER _____ $ TRANSFER AMOUNT _____

CREDIT CARD PAYMENT MAILING ADDRESS _____ CITY, STATE, ZIP _____

By signing this document, I authorize Piedmont Advantage Credit Union to transfer balances as indicated to my Mastercard® credit card. Transfers will be processed based on available balance and accounts that are in good standing.

SIGNATURE _____ / / DATE (MM/DD/YYYY)

FOR OFFICE USE ONLY