



**STATE CREDIT UNION**

**POINTS TRANSFER REQUEST**

I would like to give my Relationship Rewards points to another SCU cardholder account.  
*(Note: only one request is allowed per quarter. Please allow up to four days for processing)*

**Please print all information requested and then fax to: 803-343-0382**

Date: \_\_\_\_\_

**TRANSFER POINTS FROM**

Card Type: [ ] Debit [ ] Credit

Cardholder Name: \_\_\_\_\_

Last 4 digits of card number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

# points to transfer: \_\_\_\_\_

*In case we have questions about your request:*

Daytime phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**TRANSFER POINTS TO**

Card Type: [ ] Debit [ ] Credit

Cardholder Name: \_\_\_\_\_

*To identify the cardholder, please provide one of the following:*

Last 4 digits of card number:

Home phone #:

\_\_\_\_ \_

OR

\_\_\_\_\_

AND address: (street, city, state, zip)

\_\_\_\_\_

\_\_\_\_\_

I request that you give the points above to the cardholder indicated. I understand that the points will be redeemed and removed from my points available balance and will no longer be available to me.

Signature of cardholder who is giving points: \_\_\_\_\_

**Please fax to: 803-343-0382**

