

Rewards Points Transfer Form

REWARDS PUINTS TRANSFER AG	IKEEMEN IACCOUNT INFO	RMATION		
Account Number:	Account Hold	Account Holder Name:		
Street Address 1:				
City:	State:	Zip:		
Daytime Phone:	Em	Email Address:		
TRANSFER POINTS FROM:				
Card 1:				
Card 2:				
Card 3:				
*Rewards Points may not be tran	nsferred from a Rewards o	ard to a Debit card.		
TRANSFER POINTS TO:				
Cardholder's Name:				
Card Number:				
AGREE AND SIGN As the Account Holder listed about earned on the card(s) that I am any points earned in the future.		•		
Signature:		Date:		
Secondary Signature:		Date:		

You may email, fax or drop off this form at any Citadel office.

email: info@CitadelBanking.com fax: 610-380-7008 ATTN: Card Services