



General Electric Credit Union

Credit Card Balance Transfer

Complete this form in its entirety and send it to EFT/Card Services via: fax - 513.733.0210; mail - GECU, Attn: EFT/Card Services, 10485 Reading Road, Cincinnati, OH 45241; or any branch location.

Member Name: _____ Member Number: _____

GECU Credit Card Number to transfer balances to: _____

BALANCE TRANSFER SECTION (please print) Attach a separate sheet for additional balance transfers.

Financial Institution Name	Name on Account	Amount	
Address	City	State	Zip
Credit Card Number	Card Type (i.e., Visa, MasterCard, etc.)		

Financial Institution Name	Name on Account	Amount	
Address	City	State	Zip
Credit Card Number	Card Type (i.e., Visa, MasterCard, etc.)		

Financial Institution Name	Name on Account	Amount	
Address	City	State	Zip
Credit Card Number	Card Type (i.e., Visa, MasterCard, etc.)		

Financial Institution Name	Name on Account	Amount	
Address	City	State	Zip
Credit Card Number	Card Type (i.e., Visa, MasterCard, etc.)		

Financial Institution Name	Name on Account	Amount	
Address	City	State	Zip
Credit Card Number	Card Type (i.e., Visa, MasterCard, etc.)		

I/We authorize General Electric Credit Union to act on my/our behalf to transfer the balance(s) listed above to my/our GECU Credit Card account up to my/our available balance. I/We understand this transfer(s) will be done via cash advance to my/our GECU Credit Card account and will begin accruing interest immediately. It may take 4-6 weeks for the balance transfer to occur. I/We understand that I/we may need to make a payment on my/our present account(s) to keep them current.

Member Signature: _____ Date: _____