



**Balance Transfer Section** (please print)

Attach a separate sheet for additional balance transfers.

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

**Business Authorized Signer/Applicant Signature**

**Date**

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**Date**