

VISA PLATINUM BALANCE TRANSFER FORM

Member Name: _____

GHS VISA #: _____

Member #: _____

Daytime Phone #: _____

Accounts to be paid with VISA Platinum Balance Transfer:

Make check payable to: _____

Payment address: _____

Full Account #: _____ Amount: \$ _____ (\$500.00 minimum)

(For CU use only)
CK #:
Date:
Operator:

Make check payable to: _____

Payment address: _____

Full Account #: _____ Amount: \$ _____ (\$500.00 minimum)

(For CU use only)
CK #:
Date:
Operator:

Make check payable to: _____

Payment address: _____

Full Account #: _____ Amount: \$ _____ (\$500.00 minimum)

(For CU use only)
CK #:
Date:
Operator:

IMPORTANT:

Please allow a minimum of ten (10) days for payment processing. You may be required to make the next payment to your creditor depending on your due date. In order to expedite processing please attach the remittance stub from your most recent monthly statement or other documentation which clearly indicates the *full* account number and *payment* address for your creditor.

How did you hear about this offer? (select all that apply)

- Direct Mail Print Website Radio Referral Branch Signage Other _____

MEMBER SIGNATURE: _____ DATE: _____