



Balance Transfer Form

Visa Rewards Cards

Name: _____ **Account #:** _____

Please complete and return to GP Louisiana Federal Credit Union using one of the following methods:

- Email** **members@gplafcu.com**
- Fax** (225) 654-7232
- Mail** PO Box 520 | Zachary La 70791

Transfer #1	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Transfer #2	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Transfer #3	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	
Transfer #4	
Account Number	Amount to Transfer
Card Issuer (Name of Bank, Company, etc.)	Issuer Phone Number
Issuer Address (Street, City, State, Zip)	

Acknowledgement: I understand processing my balance transfers can take up to four weeks from the date the request is received by GP Louisiana Federal Credit Union. Balance transfers are processed in the order listed above and for the amount requested, up to my available credit line, and cannot be used to pay any of my existing GP LA FCU accounts. I am aware that I must continue to make payments directly to my card issuer(s) until the balance is paid and reflected on my card issuer’s statement. I understand that I will not earn rewards points on the above balance transfers. See our Credit Card Agreement and Credit Account Opening Disclosure for additional information.

Signature: _____ **Date** _____

Phone Number _____ **Email** _____