Balance Transfer Request Form

Complete only if you wish Genisys® Credit Union to pay-off an existing balance(s) on any non-Genisys major credit card or loan.					
Name		Phone	Credit Union Acct Number		
I hereby authorize Genisys® Credit Union to pay-off the balance(s) due on the following major credit cards or loans by means of a CASH ADVANCE charged to my Genisys® Credit Union VISA®					
Name of Financial Institution or Business					
Account Number			Amount to be Paid \$		
Address		City		State	Zip
Name of Financial Institution or Business					
Account Number			Amount to be Paid \$		
Address		City		State	Zip
I understand that Genisys® Credit Union is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not pay-off the total balance due. I further understand that if there is an insufficient limit on my Genisys VISA® account, that you (Genisys® Credit Union) will pay-off my balances in order listed and return any accounts that cannot be paid in full.					
Please Note: It is your responsibility to close out your charge account(s) at the above named institution(s) if you wish to do so. (This will help you avoid any annual fees that may be assessed to that account.)					
Member's Signature				Date	
Complete & mail to:	Genisys Credit Union Electronic Services Departmer P.O. Box 436034 Pontiac, MI 48343-6034	nt	G	ENI	SYS

Or Fax to: 248-322-6512