



**I authorise Great Southern Bank to process this request. I agree to the terms and conditions set out below:**

- You can request to balance transfer a minimum of \$250 and **up to 80%** of your approved credit limit. If you request a higher amount, we will only process up to 80% of the credit limit.
- The variable Cash Advance rate or any applicable promotional rate will apply to balance(s) transferred. We will start charging the interest on the balance transfer from the date on which we process it.
- Great Southern Bank will not be responsible for any delays that may occur in processing payment to your other account(s). It is your responsibility to close the account(s) if that is your intention.
- We may decline a request for a Balance Transfer at our discretion.
- The up to 55 days interest free days on purchases does not apply unless you have paid off your closing balance (including any balance transfers) in full.
- You acknowledge and agree that if you have not already activated your Great Southern Bank Credit Card, Great Southern Bank may activate the Card at any time following the processing of this balance transfer.

Signature

Date

**Once you have completed this form:****Online banking:**

Access your secured Online Banking to forward your form.



Drop it into a branch

**We're here to help**

If you need assistance completing this form, call us on **1300 367 672** or drop into your local branch.

Our privacy policy explains how we handle your personal information, and is available at [greatsouthernbank.com.au](https://greatsouthernbank.com.au) or by calling us on **1300 367 672**.

**INTERNAL USE ONLY****SECTION 1** Completed by staff member receiving the form**Form submitted:**

Banking Support  
Branch  
Contact centre  
Secure Email in Great Southern Bank  
Online Banking

**Identity confirmed:**

I have verified the customer's identity  
The customer has verbally confirmed and consented to the above request (Contact centre only)

**Received by:**

Staff name:

Employee ID:

Date processed:

**SECTION 2** Completed by staff member processing the form**Processed by:**

Staff name:

Employee ID:

Date processed:

**Checked by:**

Staff name:

Employee ID:

Date processed: