

Credit Card Change Request



Please fax to: 608-787-4556 or mail to: Altra Federal Credit Union Attn: Credit Card, PO Box 443, La Crosse, WI 54602-0443.

MEMBER INFORMATION			
Name:		Credit Card Number:	
Address		Apt.	Altra Account Number:
City	State	Zip	Social Security Number:
Home Phone Number:	Alternate Phone Number:		Email Address:
<input type="checkbox"/> Check here to authorize Altra to inform you of special Altra offers and news via email. You may opt out at any time.			
CHANGE REQUEST			
Please make the following change(s) to my Altra Credit Card – Please Check all that apply:			
<input type="checkbox"/> Change to Trust Account: In the name of _____ <input type="checkbox"/> New Account Number: _____ (indicate suffix)			
<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Joint to Single <input type="checkbox"/> Single to Joint			
<input type="checkbox"/> Change authorized user <input type="checkbox"/> Add <input type="checkbox"/> Remove: Name _____			
If add, indicate relation to cardholder: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Change name: From: _____			
To: _____			
<input type="checkbox"/> Upgrade to VISA Platinum			
<input type="checkbox"/> Upgrade to VISA Gold			
<input type="checkbox"/> Change to a VISA Student Card – Choose card style (please view card styles online): <input type="checkbox"/> Blue Flame <input type="checkbox"/> Orange Lava <input type="checkbox"/> Tie-dye <input type="checkbox"/> Techno			
MANDATORY INFORMATION FOR UPGRADE:			
Applicant Information		Co-Applicant Information	
Employer:	Length Employed:	Name:	Social Security #:
Income per year:		Employer:	Income per year:
Additional Information			
Do you currently: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Monthly Payment \$ _____ (NOTE: Mobile home owners must also include lot rent in their monthly payment amount)			
Additional Income:	Source of additional income:	Current Credit Limit:	
Request for credit limit: \$ _____	(Unsecured debt of \$20,000 or higher requires a financial statement)		Do you need Convenience Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Balance Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Card Number _____			Amount _____
	Card Number _____	Amount _____	
SIGNATURES			
Applicant's Signature (required)			Date
<input checked="" type="checkbox"/>			
Co-applicant's / Spouse's Signature (state law requires co-applicant to sign if applicant is under age 18)			Date
<input checked="" type="checkbox"/>			
<small>IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT : To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. I understand that by signing this application, I/we promise to pay all amounts charged and advanced in accordance with the terms and conditions set forth in the Credit Cardholder Disclosure that I/we will receive with my/our Altra Federal Credit Union credit card.</small>			
OFFICE USE ONLY: EMP _____ PR _____ LIMIT _____ DATE _____ L.O.I.D. _____			