

Automatic Credit Card Payment Authorization



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

REQUIRED INFORMATION	
Monthly Transfer From (Institution):	
Name on Account:	Account Number & Suffix:
FINANCIAL INSTITUTION NOTE: You must include a voided check	
Transfer to (Institution):	
Name on Account:	
Credit Card Account Number:	
Date to Begin Transfer (day/month/year):	
Payment Options: <input type="checkbox"/> Balance in Full <input type="checkbox"/> Minimum Payment Due <input type="checkbox"/> Fixed Payment Amount \$ _____	
<p>I authorize Altra Federal Credit Union to make variable entries from my checking/savings account as payment on my Altra Federal Credit Union Credit Card. This authority remains in effect until I notify Altra in writing to cancel it in such time as to afford the Credit Union a reasonable opportunity to act on it. I can stop the payment by notifying Altra 5 (five) business days before my account is charged. All payment change requests must be submitted in writing and take effect the following month.</p>	
SIGNATURES	
Applicant's Signature (required) X	Date
<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.</small>	
<small>INTERNAL USE ONLY: EMP _____ PR _____ LIMIT _____ DATE _____ L.O.I.D. _____</small>	

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