

Credit Card Balance Transfer

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



MEMBER INFORMATION			
Name:		Altra Account Number	
Address:		Altra Credit Card Number:	
City	State	Zip	Credit Card Expiration Date:

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.

BALANCE TRANSFER FROM			
Financial Institution / Credit Card:			
Address:		City	State Zip
Account Number:		Amount to Transfer (up to your available credit line):	

BALANCE TRANSFER FROM			
Financial Institution / Credit Card:			
Address:		City	State Zip
Account Number:		Amount to Transfer (up to your available credit line):	

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Address:		City	State Zip
Account Number:		Amount to Transfer (up to your available credit line):	

SIGNATURES	
<p>I understand that I am responsible for any charges accrued on the credit card I am transferring funds from. Be sure that you do not transfer the amount of any disputed purchase or other charges, because you may lose your dispute rights. Please note that you cannot transfer balances from another Altra Federal Credit Union credit card. Finance charges will be assessed on balance transfers from the date the transaction is posted to your account. Subject to applicable law, your minimum payment may be applied to what you owe the credit union in any manner the credit union chooses. If you pay more than the minimum payment, your payment will be applied to the highest APR first. The available credit line for your new card will be reduced by the total amount of the transfer(s) Altra approves. Altra reserves the right to refuse balance transfers. The cardholder identified above is responsible and bound by the cardholder agreement to abide by the terms of their Altra credit card.</p>	
<p>X Applicant's Signature (required) _____</p>	<p>Date _____</p>