

# Credit / Debit Card Cash Advance



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

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Card #: \_\_\_\_\_  Visa  Mastercard

Amount Requested \$: \_\_\_\_\_ (UP TO YOUR AVAILABLE CREDIT LINE) CVV/CVC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(3 digit # on back of card)

**CHECK ONE:**  Send me a check (**Altra credit card only**)

Deposit my cash advance into my Altra checking or savings account (**Altra credit card only**) Account #: \_\_\_\_\_  
(indicate suffix)

Transfer to my Altra loan/credit card. The account number is: \_\_\_\_\_  
(Advance cannot be taken from an Altra credit card to pay on the same Altra credit card)

I hereby request the issuer of the credit/debit card identified above to pay to bearer the amount shown as total hereon. I hereby confirm that I will pay said amount, with any charges due thereon, to said issuer in accordance with the terms of the credit/debit card agreement governing the use of said card. All Altra credit cards have a 5% cash advance fee; minimum \$15; No Maximum.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only**

Initial: \_\_\_\_\_ Authorization #: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST INCLUDE A LEGIBLE COPY OF THE FRONT AND BACK OF YOUR ACTUAL  
CREDIT OR DEBIT CARD AND YOUR I.D. ALONG WITH THIS CASH ADVANCE REQUEST**

PLACE FRONT OF  
CREDIT/DEBIT CARD HERE  
AND PHOTOCOPY

PLACE BACK OF  
CREDIT/DEBIT CARD HERE  
AND PHOTOCOPY

PLACE FRONT OF  
I.D. HERE  
AND PHOTOCOPY