Credit Card Change Request

Altra Federal Credit Union

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:

☐ 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:

☐ Change to Trust Account: In the name of _____ ☐ New Account Number: _____ (indicate suffix) _____

☐ Change of Ownership ☐ Joint to Single ☐ Single to Joint

☐ Change authorized user ☐ Add ☐ Remove: Name _____

If add, indicate relation to cardholder: ☐ Spouse ☐ Child ☐ Other: _____ _____

☐ Change name: From: _____

To: _____

☐ Upgrade to VISA Platinum

☐ Upgrade to VISA Gold

☐ Change to a VISA Student Card – Choose card style (please view card styles online): ☐ Blue Flame ☐ Orange Lava ☐ Tie-dye

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: ☐ Rent ☐ Own ☐ 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: ☐ Yes ☐ No

Balance Transfer: ☐ Yes ☐ No ☐ If yes, Card Number: Amount:

Card Number: Amount:

SIGNATURES

Applicant's Signature (required) X	Date
Co-applicant's / Spouse's Signature (state law requires co-applicant to sign if applicant is under age 18) X	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. 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.

OFFICE USE ONLY: EMP _____ PR _____ LIMIT _____ DATE _____ L.O.I.D. _____