



1700 Oak Forest Drive • Onalaska, WI
608-787-4500 • 800-755-0055 • www.altra.org

Automatic Credit Card Payment Authorization/Cancellation

PLEASE FAX TO: 608-787-7191 or MAIL TO: Altra Federal Credit Union • Attn: Credit Cards • 1700 Oak Forest Dr. • Onalaska, WI 54650

ADD CANCEL

REQUIRED INFORMATION

MONTHLY TRANSFER FROM (INSTITUTION): _____ ROUTING #: _____

NAME ON ACCOUNT: _____ ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION (NOTE: YOU MUST INCLUDE A VOIDED CHECK)

TRANSFER TO (INSTITUTION): _____

NAME ON ACCOUNT: _____ I0-DIGIT SAVINGS # _____

CREDIT CARD ACCOUNT NUMBER: _____

MONTH TO BEGIN TRANSFER or CANCEL AUTOPAY: _____

PAYMENT OPTIONS: BALANCE IN FULL MINIMUM PAYMENT DUE FIXED PAYMENT AMOUNT \$ _____

CANCEL AUTOPAY

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.

SIGNATURES

X _____
APPLICANT'S SIGNATURE (required) 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.