

# Credit Card Balance Transfer Request



## MEMBER INFORMATION

NAME: \_\_\_\_\_ ALTRA MEMBER NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ALTRA CREDIT CARD NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## BALANCE TRANSFER

FINANCIAL INSTITUTION / CREDIT CARD: \_\_\_\_\_  
STATEMENT PAYMENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ AMOUNT TO TRANSFER: \_\_\_\_\_

FINANCIAL INSTITUTION / CREDIT CARD: \_\_\_\_\_  
STATEMENT PAYMENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ AMOUNT TO TRANSFER: \_\_\_\_\_

FINANCIAL INSTITUTION / CREDIT CARD: \_\_\_\_\_  
STATEMENT PAYMENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ AMOUNT TO TRANSFER: \_\_\_\_\_

FINANCIAL INSTITUTION / CREDIT CARD: \_\_\_\_\_  
STATEMENT PAYMENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ AMOUNT TO TRANSFER: \_\_\_\_\_

FINANCIAL INSTITUTION / CREDIT CARD: \_\_\_\_\_  
STATEMENT PAYMENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ AMOUNT TO TRANSFER: \_\_\_\_\_

## SIGNATURES

I authorize Altra to conduct any investigation deemed necessary including, but not limited to, any credit bureau or other consumer report. 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. Balance transfers are sent electronically and in some cases paper which may take up to 10 days for the balance transfer to reach its destination. Please be sure to make all minimum payments on any account which you are transferring a balance until the balance transfer is credited to that 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.

**X** APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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