

Visa Credit Card Change Request

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



MEMBER INFORMATION (PRIMARY)

FULL LEGAL NAME: _____ CREDIT CARD NUMBER: _____
ADDRESS: _____ ALTRA 10-DIGIT ACCOUNT NUMBER: _____
CITY: _____ STATE: _____ ZIP: _____ SOCIAL SECURITY NUMBER: _____
PHONE # 1: _____ EMAIL ADDRESS: _____
PHONE # 2: _____ CHECK HERE IF YOU WOULD LIKE ALTRA TO INFORM YOU OF
SPECIAL ALTRA OFFERS AND NEWS VIA EMAIL. YOU CAN OPT-OUT
ANYTIME.

CHANGE REQUEST

PLEASE MAKE THE FOLLOWING CHANGE(S) TO MY ALTRA CREDIT CARD. CHECK ALL THAT APPLY.

NEW ACCOUNT # _____

CHANGE AUTHORIZED USER ADD RELATION TO CARDHOLDER: SPOUSE CHILD OTHER: _____

REMOVE NAME: _____ SSN: _____ DOB: _____

ORDER NEW USER PLASTIC

*ordering new authorized user a plastic will deactivate card until new one is received.

CHANGE NAME TO: _____

FROM: _____

CHANGE TO ALTRA VISA TRADITIONAL REWARDS + CASH

CHANGE TO ALTRA VISA NON-REWARDS

CHANGE TO ALTRA VISA SIGNATURE REWARDS + CASH

SIGNATURES

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.

By signing or otherwise authenticating as Cardholder, You agree to repay all transactions made to Your Account by the Authorized User, as well as any interest charges and fees. You understand that this document is governed by the terms of the Consumer Credit Card Agreement and Disclosure.

X _____
APPLICANT DATE: _____

X _____
CO-APPLICANT DATE: _____

(State law requires co-applicant signature if applicant is under the age of 18.)