

# Credit/Debit Card Cash Advance



NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CARD #: \_\_\_\_\_  VISA  MASTERCARD CVV/CVC #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

Deposit my cash advance into my Altra checking or savings account **(Altra credit card only)** MEMBER # \_\_\_\_\_

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 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