

Credit/Debit Card Cash Advance



NAME: _____ LICENSE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CARD #: _____ VISA MASTERCARD CVV/CVC #: _____ EXPIRATION DATE: _____

AMOUNT REQUESTED: \$ _____

- CHECK ONE:** Send me a check **(Altra credit card only)**
- Deposit my cash advance into my Altra checking or savings account **(Altra credit card only)** MEMBER # _____
- Transfer to my Altra loan/credit card. The account number is: _____
(Advance cannot be taken from an Altra credit card to pay on the same Altra credit card.)

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 3% cash advance fee; minimum \$5; 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