



REQUEST TO ALTER CARD LIMITS

Member Number Name.....

Card Number _____

I hereby apply for an **INCREASE/ DECREASE** in my current card limits.
Please Increase/ Decrease my current on line limit to \$_____.

My reason for this request is as follows :

I agree to abide by the Terms & Conditions of Use supplied to me and acknowledge that my signature on this form signifies my acceptance of the conditions of use.

_____ Signature
Date _____

Credit Union Office Use Only

Signature Verified by
Increase/ Decrease Approved.....
Date Altered CASHPAY/...../.....
Staff Initial.....