

VISA Credit Card Limit Update

Member # _____

MEMBER INFORMATION

Primary Cardholder _____
 Secondary Cardholder _____
 Street Address _____
 City, State, Zip Code _____
 Home Phone Number (____) _____ Work/Cell Phone Number (____) _____

	<i>Primary Cardholder</i>	<i>Secondary Cardholder</i>
Social Security Number	_____	_____
Birth Date	_____	_____
Employer	_____ / _____ How long?	_____ / _____ How long?
Gross Yearly Income	_____	_____
Mortgage/Rent	_____	_____

VISA CREDIT CARD INFORMATION

Card Number

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Current Limit _____ Desired Limit _____

Purpose _____

FOR CREDIT UNION USE ONLY

Inform the member that by completing this form, he or she is giving us the authorization to run a credit report on their behalf if necessary.

Credit Union Employee Signature _____

Lending Department:	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	
	New Limit _____	Amt of Increase _____	
	Loan Officer Initials _____	Date: _____	
<hr/>			
IT Department:	<input type="checkbox"/> Credit Limit	<input type="checkbox"/> Cash Limit	
	IT Personnel Initials _____	Date: _____	