

Please complete this form and mail, fax, or bring it to the credit union with proof of income.

VISA LIMIT INCREASE REQUEST

DATE: _____

MEMBER NAME: _____

CURRENT ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

CURRENT EMPLOYMENT: _____

CURRENT MONTHLY SALARY: _____

CREDIT UNION ACCOUNT NUMBER: _____

VISA ACCOUNT NUMBER: _____

PRESENT LIMIT: _____

NEW LIMIT REQUEST: _____

DATE VISA OPENED: _____

MEMBER SIGNATURE

MEMBER SIGNATURE

Loan Officer Decision

Visa limit increase request has been:

APPROVED _____

DENIED _____

New credit report:

SATISFACTORY _____

UNSATISFACTORY _____

Income to Debt Ratio with increased limit: _____

Date of Decision: _____ Loan Officer: _____