

Member Temporary/Permanent Visa Check Card P.O.S. Increase Request Form

GENERAL INFORMATION

MEMBER'S NAME:		CARD #:
INCREASE DATE:	INCREASE EXPIRATION DATE/PERMANENT:	AMOUNT OF INCREASE:

I, _____, request the above increase in the Point of Sale limit on my Visa
(Members' name)
Check Card, for the time frame specified above.

MEMBER AUTHORIZATION:

MEMBER'S SIGNATURE:	DATE:
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BY PHONE:

VERIFIED WITH SECURITY QUESTIONS (List what info was verified):	DATE/TIME/PHONE NUMBER:
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CREDIT UNION USE ONLY

COMPLETED BY:	Teller ID Number:	DATE:
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STANDARD LIMIT REINSTATED:

Completed by:	Teller ID Number:	Date:
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