



VISA CREDIT CARD LIMIT INCREASE REQUEST

Dear Member,

If you are interested in a Visa Credit Card Limit(s) **increase**; please submit this completed form along with your two (2) most current paystubs, in order for the committee to consider your request.

**Additional documentation may be requested, if applicable.*

For Member Completion:

Name: _____

Account #: _____

Visa # (last four digits): _____

SSN: _____

Date of Birth: _____

Address: _____

I, the member, would like to request an increase of \$ _____ on my CAFCU Visa Credit Card Limit.

Member Signature

Date

(for Office use only)

Committee Approval Notes:

Fico Score: _____ DTI: _____

Approved Limit(s): _____ Approval Date: _____

Approver's Signature: _____

