



VISA DEBIT CARD LIMIT INCREASE REQUEST

Dear Member,

If you are interested in a VISA DEBIT CARD POINT OF SALE (POS) daily limit increase; please submit this completed form, making sure to indicate if you would like to make this change permanent or temporary. Please note that additional documentation may be requested.

FOR MEMBER COMPLETION:

NAME:
ACCT #:
LAST FOUR OF CARD:
SSN:
DATE OF BIRTH:
ADDRESS:

I, the member, would like to request an increase of \$ on my CAFCU VISA DEBIT CARD POINT OF SALE (POS) DAILY LIMIT.

I would like this change to be permanent.

I would like the change to be temporary.

From TO

SIGNATURE

DATE

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(for Office use only)

Committee Approval Note:

Fico Score: DTI:
Approved Limit(s): Approval Date:
Approver's Signature:

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