



Account Number:

Primary Member Visa Check Card Number	Joint Member Visa Check Card Number
I am requesting a permanent Limit raise* <i>*To qualify for a permanent limit raise, you must not have had a negative balance during the last 12 months.</i>	I am requesting a one-time limit raise. FHCU may return my limit to \$1,000 on _____ (mm/dd/yy)* <i>*If no date is specified, the limit will be returned one week after approval date.</i>
Withdrawal method* (Check one) I am requesting a limit raise for \$ _____ Point of Sale (Store Purchases) I am requesting a limit raise for \$ _____ Online/Phone Purchases <i>*Allow 24-hours for the limit to be raised.</i>	
I, _____, do hereby request that Florida Hospital Credit Union raise my VISA Check Card limit to \$ _____ for the withdrawal method(s) specified above. I understand that my account will be closely monitored and if abuse is detected, my limit will be lowered back to \$1,000 and/or my VISA Check Card privileges revoked. I will not hold Florida Hospital Credit Union responsible for fees incurred if a merchant I have authorized uses a withdrawal method other than the above specified.	
MEMBER SIGNATURE _____	DATE _____

For Branch/Support Center Use Only: Teller/MSR complete this section			
Request Collected Via:	Phone	In Person	Other (explain)
Permanent Raise Request		One-Time Raise Request	
Has the account had a negative balance in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Available Balance in Checking Account \$ _____	
Completed and Submitted by: Teller # _____ Initial _____ Date _____			

For Accounting Use Only	
APPROVED	
<input type="checkbox"/> Permanent \$ _____	<input type="checkbox"/> One-Time \$ _____
DENIED (Check at least one)	
<input type="checkbox"/> Negative Balance in past 12 Months	<input type="checkbox"/> Account Currently negative
<input type="checkbox"/> Current Balance doesn't justify raise	<input type="checkbox"/> Other
Completed and Submitted by: Teller # _____ Initial _____ Date _____	