

REQUEST FOR A PERMANENT INCREASE OF DEBIT CARD LIMIT

VISA Debit Card #:	Exp Date:
Name:	Account #:
I am requesting a permanent debit card limit increase	e in the amount of \$
Member Signature:	Date:
FOR INTERNAL USE ONLY	
Requested via:	Other
Available Checking Account Balance \$	Negative Balance in past 12 Months Y N
To be completed by Processing Representative:	
APPROVED Permanent Limit Increase: \$	DENIED NegativeBalance in the past 12 Months The account is currently in the negative Current Balance insufficient Other:
Processed By: Teller # Initial Date	