

VISA Credit Card Action Request Form

Date: ____/____/____ Member's Name _____

C.U. Acct # _____ Visa Acct # _____

of New Cards to Order _____ Name(s) to be on Plastics _____

_____ TEMP Limit Increase From \$ _____ To \$ _____ Until ____/____/____

_____ PERM Limit Increase (NEED ALL SIGNATURES) From \$ _____ To \$ _____

Employer _____ Hire Date _____

Gross Income \$ _____

Housing – Own _____ Rent _____ Other _____ Monthly Payment \$ _____

By signing below I verify that the information provided is true and accurate

_____ Add Authorized User _____ SS# _____ DOB ____/____/____

Authorized User Mailing Address _____

Will User Be Issued a Card @ Each Re-Issue? Yes No

_____ Miscellaneous Request _____

Member's Signature _____

Co-Applicant's Signature _____

Authorized User's Signature _____

For Credit Union Use Only:

_____ Change A.P.R. to 0% _____ Lower Monthly Payment To \$ _____ per _____

_____ Correct Delinquency _____ Remove Finance Charge Posted ____/____/____

_____ Miscellaneous Request _____

APPROVED BY _____ DATE ____/____/____

MAINTENANCE REVIEWED BY _____ DATE ____/____/____