

Card Limit Increase Form

Member Name: _____

Card #: _____ Acct #: _____

If you wish to increase your daily transaction limits, please specify the new limit(s) below, up to the daily maximum allowed:

| | <u>Maximum Limit</u> | <u>Default Limit</u> | <u>Requested Limit</u> |
|---------------------|----------------------|----------------------|------------------------|
| POS (Point of Sale) | \$5,000.00 | \$1,000.00 | \$ _____ |
| CASH | \$1,000.00 | \$525.00 | \$ _____ |
| TOTAL | \$6,000.00 | \$1,525.00 | \$ _____ |

- A. The maximum daily limit is set by the Lebanon Federal Credit Union and is the same for all members. Your requested daily limit cannot be greater than the maximum daily limit.
- B. I confirm that the information given about is correct and complete, and I authorize Lebanon Federal Credit Union to increase my current limits to the requested limit(s).
- C. By signing below, I give authorization to Lebanon Federal Credit Union to review my accounts and to obtain a credit report, if necessary, to determine whether to grant the requested limit(s). Lebanon Federal Credit Union does have the right to decline the member's request for an increase in limit or modify the original request(s).

Member Signature: _____ Date: _____

| FOR CREDIT UNION USE ONLY | | | |
|---------------------------|-----------------------------------|--|--|
| Date Reviewed: _____ | New Approved Limits: POS \$ _____ | | |
| Approved By: _____ | CASH \$ _____ | | |
| | TOTAL \$ _____ | | |