



Visa Credit Limit Increase Request

The primary member / cardholder and all additional cardholders must sign this credit limit increase request.

Credit Union Account Number: _____

Primary Member Name: _____

Additional Cardholder Names: _____

Requested Credit Limit: _____

I/we authorize the credit union to obtain a credit bureau report to evaluate this request. I/we understand that before this request is acted upon, the credit union may request additional information or documentation to verify my/our income, employment, or credit history. I/we acknowledge that we have received a copy of the Visa Credit Card Agreement.

Primary Member Date

Additional Cardholder Date

Additional Cardholder Date

Additional Cardholder Date