

VIRIVA COMMUNITY CREDIT UNION

MASTERCARD® CREDIT CARD LIMIT INCREASE REQUEST FORM

Please attach a copy of your most recent pay stub or W-2 with your request. For mailed requests, please complete this form and mail it to: 157 York Road, Warminster, PA 18974.

Primary Member Name: _____

Joint Member Name: _____

Member#: _____ Mastercard® Acct#: _____

Desired Credit Limit: \$ _____ Best Contact#: _____

BALANCE TRANSFER REQUEST

I hereby authorize Viriva Community Credit Union to pay the "Amount" indicated to the "Card Issuer" shown below by issuing a check and adding the "Amount" to my Viriva Mastercard® Credit Card Account. I understand that the amount transferred, combined with my current balance, cannot exceed my current credit limit.

1) Card Issuer: _____

Address: _____

Account#: _____ Pay This Amount: \$ _____

2) Card Issuer: _____

Address: _____

Account#: _____ Pay This Amount: \$ _____

Primary Member Signature Date

Joint Member Signature Date

For Internal Use

Loan Processor Signature Date

Loan Officer Signature Date