



Request to Raise Debit/ATM Card Limit
Fax 936-755-7504 or 936-755-7119

Member Name _____ Member # _____

Visa Debit Card # _____

Please raise the (Circle one) Debit/Credit Limit PIN/Cash/ATM Limit

Please raise my Debit/Credit limit to \$_____. (Maximum \$4000)
Your current limit is \$1000 per day

Please raise my PIN/Cash/ATM limit to \$_____. (Maximum \$1500)
Your current limit is \$500 per day

Please make the increase effective on _____ (date)
I understand that these limits will affect the day of purchase and the day the transaction(s) clear my account.

By signing this form, I authorize Walker County FCU to temporarily raise the spending or withdrawal limit on my VISA Check Card or ATM Card. ***I understand that the increase will be in effect for no more than 24 hours.*** I agree and understand that these limits will affect the day of and the day the transaction(s) Walker County FCU is under no obligation to honor my request.

Signature _____ Date _____

--For Credit Union use only--

Taken/Faxed by: _____ Date: _____