



## Request to Increase VISA Credit Limit

To apply, print the application and complete all required information. Deliver, fax, or mail the application to the credit union. Our fax number is (412) 461-0842.



YES! I would like to apply for an increase in my VISA credit card limit.

Limit Requested \$ \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ # of Dependents \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

VISA Account # \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employed for \_\_\_\_\_ Years Annual Income \$ \_\_\_\_\_

Other Income \_\_\_\_\_ Source \_\_\_\_\_

Own

OR Rent: Monthly Payment \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only*

Limit Increase Approved:  Yes  No

VISA Loan Officer \_\_\_\_\_