



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

Glendale, CA 91206

Phone (818) 246 - 7241

Email: operations@cafcu.net

Website: www.cafcunet

VISA CREDIT CARD LIMIT INCREASE REQUEST

Dear Member,

If you are interested in a Visa Credit Card Limit (increase); please submit this completed form along with your two (2) most concurrent pay stubs, in order for the committee to consider your request.

Request Fee: \$50.00

*Additional documentation may be requested, if applicable.

For Member Completion:

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #:

City State Zip Code

Account #: Social Sec. #: - -

Visa # (last four digits) :

I, the member, would like to request an increase of \$ on my CAFCU Visa Credit Card Limit

Member's Signature: Date:

(for Office Use Only)

Committee Approval Notes:

Fico Score: DTI:

Approved Limit(s): Approval Date:

Approval Officer's Signature: