
Limestone Federal Credit Union
VISA Limit Increase/Decrease Request

Please consider my request to increase/decrease the credit limit on my credit card.

Name:

Account Number:

Address:

City, State, Zip:

Phone:

Credit Card Number:

Social Security Number:

Please increase Credit Card limit to:

Signature of Primary Cardholder

-----Do not use below for limit decrease -----

Primary Card Holder's Employment Information

Employer:

Phone Number:

Employer's Address:

City, State, Zip:

Position:

Length of Time at Position:

Monthly Income (Gross/Net):

Loan Officer Approval

Date: