

Bowater Credit Union

VISA Credit Card Limit Change

Name: _____

Card #: _____

Member Number: _____

I request that my credit limit be changed to: (Dollar Amount) _____

(Please note that all credit limit increases are subject to review and approval by a Bowater Employees Credit Union Loan Officer.)

This request is a: Increase

Decrease

Date of Request _____

Member Signature _____

Joint Signature (if needed to qualify) _____

Credit Union Use Only

Loan Officer: _____

Date reviewed by LO: _____

Date completed by Plastic Card Coordinator: _____

* Increase form goes to Loan Department

* Decrease form goes to Card Department