



California Adventist Federal Credit Union

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VISA DEBIT CARD LIMIT INCREASE REQUEST

Dear Member,

If you are interested in a Visa Debit Card Point of Sale (POS) Daily Limit increase; please submit this completed form, making sure to indicate if you would like to make this change permanent or temporary.

*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 Debit Card Point of Sale (POS) Daily Limit

I would like this change to be permanent.

I would like this change to be temporary from to.

Member's Signature: Date:

(for Office Use Only)

Committee Approval Notes:

Fico Score: DTI:

Approved Limit(s): Approval Date:

Approval Officer's Signature:

