

California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 1109 Glendale, CA 91206

Phone (818) 246 - 7241

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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.

*Additional documentation may be requested, if applicable.

For Member Completion:

ıll Name: <u>Last</u>	First	
		M.I.
Address:		Apartment/Unit #:
City	State	Zip Code
ccount #:	Social Sec. #:	
isa # (last four digits) : I, the member, would like	to request an increase of \$ Visa Credit Card Limit	on my CAFCU
ember's Signature:		Date:
• • • • • • • • • • • • • • • • • • • •	(for Office Use Only)	• • • • • • • • • • • • • • • • • • • •
	Committee Approval Notes:	
Fico Score:	DTI:	

Approved Limit(s): _____ Approval Date: ____

Approval Officer's Signature: