



Phone: 312-653-6371  
 Fax: 312-616-3728  
 www.planites.org

### VISA Credit Limit Increase Request

To process your credit limit increase, complete the form below & return to PCU via fax, mail or interoffice mail.  
 Fax: (312)616-3728  
 Mail to: 300 E. Randolph Street, Chicago, IL 60601-5099

**PLEASE PRINT CLEARLY**

Please review my VISA Account for an increase.

**Member Number** \_\_\_\_\_

New Credit Line Requested \$ \_\_\_\_\_

**Last 4-digits** of VISA Card No. \_\_\_\_ \_

Cardholder Name \_\_\_\_\_

Co-Applicant/Co-Signer \_\_\_\_\_

SSN# \_\_\_\_\_

SSN# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Office Location \_\_\_\_\_

Employer \_\_\_\_\_

Salary \$ \_\_\_\_\_

Salary \$ \_\_\_\_\_

Start Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

TYPE	MORTGAGE COMPANY	APPROX. BALANCE	MONTHLY PAYMENT
Rent or Own (Circle One)		\$	\$

I authorize PCU to review a credit application to qualify for a limit increase on my VISA credit account. I understand that the Credit Union will rely on the information in this application and my credit report to make its decision.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Signer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only

Old Limit: \_\_\_\_\_ Loan Officer Approval: \_\_\_\_\_  
 New Limit: \_\_\_\_\_ Process Date: \_\_\_\_\_