



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 secure email.
 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 _____

Last four digits of SSN# _____

Last four digits of SSN# _____

Date of Birth _____

Date of Birth _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Employer _____

Salary \$ _____

Salary \$ _____

Start Date: _____

Start Date: _____

Email: _____

Email: _____

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: _____