

BAY AREA CREDIT UNION, INC.

VISA MAINTENANCE REQUEST

MEMBER NAME: _____ DATE: _____

VISA ACCOUNT #: _____ PHONE #: _____

BACU ACCOUNT #: _____ *Best time of day to be contacted:* _____

REQUEST REFUND: _____ DATE OF CHARGE: _____ AMOUNT: _____

DESCRIPTION: _____

LIMIT CHANGE:

CURRENT LIMIT: \$ _____ REQUESTED: \$ _____ BALANCE: _____

FOR AN INCREASE, COMPLETE THE FOLLOWING:

Borrower:
EMPLOYER: _____ LENGTH: _____ INCOME: _____ *per month*

Joint Borrower:
EMPLOYER: _____ LENGTH: _____ INCOME: _____ *per month*

Housing:
RENT / OWN: _____ MONTHLY HOUSING EXPENSE: _____

COMMENTS: _____

OTHER REQUESTED ACTION: _____

CARDHOLDER SIGNATURE *DATE*

JOINT CARDHOLDER SIGNATURE *DATE* *COMPLETED BY*

APPROVED BY *DATE*

DENIED BY *DATE*

DATE VISA OPENED: _____ LAST INCREASE: _____ MATRIX: _____

NEW VISA LIMIT: _____ GOLD INPUT: _____