



**UTELFCU VISA Credit Card
Credit Limit Increase Request**

Federal Credit Union CU Member # _____ *Please complete the form clearly in ink.*

Complete this form to apply for an increase to the credit limit of your UTELCU VISA credit card. Your account must have been open for at least six (6) months and is in good standing with the credit union. Please allow (five) 5 business days for processing.

Bring into office or mail the completed form to: UTELCU 2812 Genesee St., Utica, NY 13502, or Fax to: 315/793-8296

UTELFCU VISA Credit Card number (fill in last four digits)

Please increase my limit to

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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\$ _____

PERSONAL DETAILS

Title _____ First Name(s) _____ Last Name _____ Suffix _____

Date of birth _____ Daytime phone number _____ Number of dependent children under 18 years of age _____

Current residential address (cannot be a PO Box) _____

Marital status _____ Social Security Number _____

Single Married Separated/Divorced Widowed

EMPLOYMENT DETAILS

Current employment status (check all that apply)

Full time Part-time Retired Length of time with current employer _____

Self-employed Student Employer Name/Occupation _____

STATEMENT OF FINANCIAL POSITION

NOTE: Non disclosure may result in processing delay

Monthly Income

Applicant's wage/salary (net)	\$
Other income (rent, etc.)	\$

Assets

Real Estate	\$
Vehicles, Boats, etc.	\$
Bank/Credit Union Balances/Investments	\$

Monthly Expenses

Mortgage/Rent/Board	\$
Loan Payments	\$
Other	\$

Other Credit Cards (not UTELCU)

Total number of other credit cards held	
Total balance owing on other credit cards	\$
Total limits on other credit cards	\$

AUTHORIZATION

1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately to the address above. You authorize the Credit Union the discretion to obtain credit reports in connection to this request for an increased credit limit. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.
2. You understand that the use of your card constitutes acknowledgement and agreement to the terms of the credit card agreement and disclosures given to you when you applied for and accepted your VISA credit card. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

X	X
APPLICANT'S SIGNATURE	OTHER SIGNATURE
DATE	DATE