

MEMBERS 1ST CREDIT UNION
LINE OF CREDIT LIMIT INCREASE

PLEASE COMPLETE ALL INFORMATION BELOW, SIGN AND RETURN THIS FORM TO THE CREDIT UNION TOGETHER WITH VERIFICATION OF INCOME.

- OVERDRAFT PROTECTION LIMIT INCREASE
 PERSONAL LINE OF CREDIT LIMIT INCREASE

DATE: _____ ACCOUNT NUMBER: _____

BORROWER/S NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

PRESENT LIMIT: _____ NEW LIMIT: _____

PLACE OF EMPLOYMENT: _____

START DATE: _____ MONTHLY INCOME: _____

RENT / MORTGAGE PAYMENT MONTHLY: _____

CREDITOR	BALANCE	MONTHLY PAYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

BORROWER'S SIGNATURE: _____

CO-BORROWER'S SIGNATURE: _____

MINIMUM MONTHLY PAYMENTS ARE BASED ON APPROVED CREDIT LIMIT AS FOLLOWS:

OVERDRAFT PROTECTION AND PERSONAL LINE OF CREDIT:

\$ 0.00 - \$ 500.00	\$ 25.00/MONTH
\$ 501.00 - \$ 1,000.00	\$ 50.00/MONTH
\$ 1,001.00 - \$ 1,500.00	\$ 75.00/MONTH

PERSONAL LINE OF CREDIT:

\$ 1,501.00 - \$2,000.00	\$ 100.00/MONTH
\$ 2,001.00 - \$ 2,500.00	\$ 125.00/MONTH
\$ 2,501.00 - \$ 3,000.00	\$ 150.00/MONTH
\$ 3,001.00 - \$ 3,500.00	\$ 175.00/MONTH
\$ 3,501.00 - \$ 4,000.00	\$ 200.00/MONTH
\$ 4,001.00 - \$ 4,500.00	\$ 225.00/MONTH
\$ 4,501.00 - \$ 5,000.00	\$ 250.00/MONTH

CREDIT UNION USE ONLY:

CREDIT LIMIT INCREASE APPROVED / DENIED

NEW LIMIT: _____

LOAN OFFICER: _____

DATE: _____