

**PERSONAL LINE OF CREDIT OR OVERDRAFT PROTECTION
CREDIT LIMIT INCREASE REQUEST FORM**

Date: _____ Account Number: _____
 Member/s Name: _____
 Mailing Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Present Limit: \$ _____ Amount of increase: \$ _____ New Limit: \$ _____

Minimum monthly payment repayment term is established based on approved credit limit as follows:

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

Please list all of your debts below and return to the Credit Union with verification of income (paystub with year-to-date information).

Rent / Mortgage: \$ _____ per month

Creditor	Balance	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member's Signature _____
 Co-Borrower's Signature _____

For Credit Union Use Only:
 Request to increase Approved / Denied New Limit: \$ _____
 Loan Officer: _____ Date: _____
 System Changes: ___ Limit ___ Payment ___ Transfer