

Limit Change Form (one request per 12 month period)			
Primary Cardholder:		Member#:	
Joint Cardholder:		Credit Card#:	
Amount of New Limit Requested: _____			
<input type="checkbox"/> Decrease Limit <input type="checkbox"/> Increase Limit <input type="checkbox"/> Release Pledge <input type="checkbox"/> Decrease Interest Rate			
Please supply the following information for Increasing Limit, Decreasing Interest Rate or Releasing of Pledge:			
	Primary Cardholder	Joint Cardholder	
SSN:			
Date of Birth:			
Mother's Maiden Name:			
Employer:			
Start Date:			
Annual Income:			
Direct Deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRANSFER OF BALANCE REQUEST			
I hereby authorize the Credit Union to make an advance on my credit card account and pay the balance(s) of the account(s) listed below. Such advance will be treated as a cash advance under the terms of my credit card agreement.			
Creditor/Address	Account Name/Number	Balance/Date Due	
I agree that the Credit Union shall not be liable whatsoever if payment is not made correctly or timely. I agree to indemnify and hold harmless the Credit Union for any damages or other cost that may incur as a result of payment or non payment of the accounts. The Credit Union can, at its option, choose not to pay the account(s) if such payment would exceed my credit card limit or if the Credit Union deems itself unsecure. I agree that payment of the account(s) balance(s) will be made once and I am responsible for any remaining or future account balance(s), including finance charges or other charges. I agree that the payment amount made by the Credit Union will be those amounts I have listed. I will attach my last statement for the account(s). I understand a FINANCE CHARGE will be incurred on the unpaid credit card balance and that I will be responsible for payment of these charges according to the terms of my credit card agreement. The new principal balance and FINANCE CHARGES will be reflected on future monthly statements.			
Signature	Date	Signature	Date
CREDIT UNION USE ONLY:			
New Card #: (if applicable)			
New Limit (changed through NM CR):			
NM CB Special Comment Code changed to AT <input type="checkbox"/>		Shares Released <input type="checkbox"/>	MMCH <input type="checkbox"/>
Processed by (employee initials):			