



Phone: 815-267-7700  
 Toll Free: 866-469-6228  
 www.abricu.com

## VISA Credit Limit Increase Request

To process your credit limit increase request, complete the form below & return to ACU via fax, mail or in person at any ACU branch location. Fax: **(815) 409-4865**  
 1350 W. Renwick Road, Romeoville, IL 60446

Please review my VISA Account for an increase. Member Number \_\_\_\_\_

New Credit Line Requested \$ \_\_\_\_\_ Last 4-digits of VISA Card No. \_\_\_\_\_

Cardholder \_\_\_\_\_ Co-Applicant/Co-Signer \_\_\_\_\_

SSN# \_\_\_\_\_ SSN# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Salary \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_

Other Income \_\_\_\_\_ Other Income \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Date \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

TYPE	MORTGAGE COMPANY	APPROX. BALANCE	MONTHLY PAYMENT
RENT or OWN (Circle One)			

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Co-Signer \_\_\_\_\_ Date: \_\_\_\_\_

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**For Credit Union Use Only**

Old Limit: \_\_\_\_\_ Loan Officer Approval: \_\_\_\_\_

New Limit: \_\_\_\_\_ Date: \_\_\_\_\_