

University Federal Credit Union

Request to Increase VISA Credit Card Limit and/or
Request to Add VISA Credit Card Joint or Authorized User

Account #: _____ Credit Limit Requested: _____

Member Name: _____

Address: _____ City: _____ State _____ Zip: _____

Work Phone: _____ Home Phone: _____

Employer: _____

Gross Monthly Income: _____ Monthly Payment: _____ Rent/Own
(circle one)

Complete for Joint Credit

To Add: Joint Applicant Authorized User

Joint Applicant/Authorized User Name: _____

Address: _____ City: _____ State _____ Zip: _____

Work Phone: _____ Home Phone: _____

SSN: _____ DOB: _____

Employer: _____

Gross Monthly Income: _____ Monthly Payment: _____ Rent/Own
(circle one)

Both Signatures Required for Joint Credit

Signature _____ Date _____

Signature _____ Date _____

****Return completed application along with most recent pay statement(s) to the Credit Union****

For Credit Union Use Only	
Beacon Score _____	Salary _____ Matrix Limit _____
APPROVED	Credit Limit _____
Loan Officer _____	Date _____
DECLINED	Reason _____
Credit Committee _____	Date _____