



**NE PA COMMUNITY
FEDERAL CREDIT UNION**
*Monroe and Pike Counties'
Community Credit Union*

REQUEST TO INCREASE VISA CREDIT LIMIT

I would like my Visa Credit Card limit increased to: \$ _____

PERSONAL INFORMATION

Applicant's Name: _____

Co-Applicant's Name (If applicable): _____

Address: _____

City, State, Zip: _____

Phone Number: (_____) _____ - _____

Credit Union Account Number: _____

Visa Account Number: 4467-2900-00 __ __ - __ __ __ __ (Classic)

4536-2550-00 __ __ - __ __ __ __ (Platinum)

EMPLOYMENT INFORMATION

	Applicant	Co-Applicant (If applicable)
Gross (Before Taxes) Monthly Pay: \$	_____	\$ _____
Employer's Name:	_____	_____
Employer's Address:	_____	_____
City, State, Zip:	_____	_____
Position:	_____	_____
Length of time at position:	_____	_____
Business Phone:	(_____) _____ - _____	(_____) _____ - _____

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Mail or deliver application for credit limit increase to:
NE PA Community Federal Credit Union, 935 Clay Avenue, Stroudsburg, PA 18360.

For Credit Union Use Only

Approved - Credit Limit \$ _____

Declined - Reason for Denial: _____

Loan Officer's Signature: _____ Date Approved/Denied: _____