



**Request to Raise Debit/ATM Card Limit**  
**Fax 936-755-7504 or 936-755-7119**

Member Name \_\_\_\_\_ Member # \_\_\_\_\_

Visa Debit Card # \_\_\_\_\_

Please raise the (Circle one)      Debit/Credit Limit      PIN/Cash/ATM Limit

Please raise my Debit/Credit limit to \$\_\_\_\_\_. (Maximum \$4000)  
\*\*Your current limit is \$1000 per day\*\*

Please raise my PIN/Cash/ATM limit to \$\_\_\_\_\_. (Maximum \$1500)  
\*\*Your current limit is \$500 per day\*\*

Please make the increase effective on \_\_\_\_\_ (date)  
I understand that these limits will affect the day of purchase and the day the transaction(s) clear my account.

By signing this form, I authorize Walker County FCU to temporarily raise the spending or withdrawal limit on my VISA Check Card or ATM Card. ***I understand that the increase will be in effect for no more than 24 hours.*** I agree and understand that these limits will affect the day of and the day the transaction(s) Walker County FCU is under no obligation to honor my request.

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

--For Credit Union use only--

Taken/Faxed by: \_\_\_\_\_ Date: \_\_\_\_\_