

VISA LIMIT INCREASE APPLICATION

Use this form if you already have a VISA credit card with Mountain Empire FCU, and wish to get the limit increased. To verify income, include your most current paystub, W-2s, or tax return with this application.

Name _____	Account # _____
I wish to increase the limit on my MEFCU Visa credit card # _____ _____	
New limit desired \$ _____	

Applicant Name _____ MEFCU Acct # _____ SSN _____ Address _____ City _____ State/Zip _____ Home Phone _____ Work Phone _____ Employer _____ Gross Mo. Income \$ _____ Net Mo. Income \$ _____ Applicant Signature _____ CoApplicant Signature _____	CoApplicant Name _____ MEFCU Acct # _____ SSN _____ Address _____ City _____ State/Zip _____ Home Phone _____ Work Phone _____ Employer _____ Gross Mo. Income \$ _____ Net Mo. Income \$ _____ Date _____ Date _____
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For Credit Union Use: Date Processed _____ Status _____ Balance _____ Times Delinquent in Past 24 mos. _____ Last Payment Date _____ Approved _____ Denied _____ Reason _____ Loan Officer _____

Mail to: Mountain Empire FCU
1413 N Main St
Marion, VA 24354

or FAX to: 276-783-9303