

CHFCU MasterCard Credit Card Limit Increase Request

Account Holder's Name: _____ Daytime Phone: () _____

Member Account Number: _____ Joint Holder's Name : _____

Monthly Gross Salary:\$ _____ Mortgage/Rent Payment:\$ _____/month Other Income (optional):\$ _____

I/we hereby request a credit card limit increase to \$_____. By signing below, I/we understand that CHFCU may need to contact me/us for additional information in order to properly consider this request.

Primary Account Holder's Signature

Joint Account Holder's Signature*

*Account holders under the age of 21 may be required to obtain the written consent or agreement from the joint account-holder to assume liability for the higher credit limit in order to process the request.

MAIL THIS REQUEST TO: CHFCU, 700 REGIS AVENUE, PITTSBURGH, PA 15236 OR RETURN IN PERSON

You may print, complete and mail or return this form in person to any branch location or mail it to 700 Regis Avenue, Pittsburgh, PA 15236.

Alternatively you may complete this form online by visiting the Quick Links section on our home page.