

**ST THOMAS CREDIT UNION
VISA CREDIT CARD APPLICATION
++PERMANENT LIMIT/INTEREST RATE CHANGE REQUEST++**

VISA CHANGE REQUEST APPLICATION FEE IS \$10.00 (NON-REFUNDABLE). SUBJECT TO CREDIT UNION VISA POLICY AND CREDIT REPORT CHECK

I AM APPLYING FOR (PLEASE CHECK BOX):

<input type="checkbox"/> LIMIT INCREASE TO \$ CURRENT LIMIT IS \$ _____	<input type="checkbox"/> LIMIT DECREASE TO \$ CURRENT LIMIT IS \$ _____
<input type="checkbox"/> LIMIT CHANGE TO SHARE SECURED \$ CURRENT LIMIT IS \$ _____	<input type="checkbox"/> LIMIT CHANGE TO UNSECURE \$ CURRENT LIMIT IS \$ _____
<input type="checkbox"/> INTEREST RATE CHANGE CURRENT RATE IS _____ %	

NAME (S): _____ ACCOUNT #: _____

ADDRESS: _____ VISA #: XXXX - XXXX - _____ - _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

HAVE THERE BEEN ANY CHANGES IN YOUR INCOME SINCE YOUR LAST VISA APPLICATION? YES or NO

(PLEASE ATTACH NEW PAYSTUB TO VERIFY INCOME)

HAVE THERE BEEN ANY CHANGES IN YOUR DEBTS SINCE YOUR LAST VISA APPLICATION? YES or NO

(IF YES, PLEASE LIST YOUR NEW ACQUIRED LOANS, CREDIT CARDS OR THOSE PAID OFF BELOW.)

OTHER CREDITOR(S)	ACCOUNT #	BALANCE	MIN PMT (PER MO)
Mortgage/Rent:		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan application made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

SIGNATURE (primary applicant): _____ DATE: ____/____/____

SIGNATURE (joint applicant) _____ DATE: ____/____/____

TO BE COMPLETED BY CREDIT UNION: APPROVED or DENIED

LOI APPROVING REQUEST: _____ DATE: ____/____/____

TERM/AMOUNT APPROVED: _____ REASON (S): _____
 NEW TERM _____
 NEW AMOUNT _____

CHECKLIST: APPLICATION FEE PAYSTUB CREDIT REPORT (DATE ____/____/____) ADDENDUM VISA INFO UPDATE