



ATM/Debit Card #: \_\_\_\_\_

Checking Acct #:SV Acct #: \_\_\_\_\_

Current Rate: \_\_\_\_\_ A.P.Y      Bonus/Negotiated Rate: \_\_\_\_\_ A.P.Y.

I, \_\_\_\_\_, hereby request to have the daily limit of my ATM/Debit card increased as follows:

ATM Limit\* from: \$ \_\_\_\_\_ To \$ \_\_\_\_\_  
 \*Note: Maximum of \$500.00

Point-of-Sale Limit: \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_

Date \_\_\_\_\_

For Bank Use Only

Accepted by

Branch

Date

Branch Management's Approval

Date

POS Limit Up to \$1,500.00- ATM Limit up to \$500.00

E.V.P. Approval

Date

POS Limit over \$1,500.00

Increase Processed By

Date

Verified by

Date

Customer Notified By

Date