

**FOND DU LAC CREDIT UNION MASTERCARD/VISA REQUEST FORM**

Name \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ Please check one  
MC/VISA Account # \_\_\_\_\_ CU account # \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Current Employer \_\_\_\_\_ Gross Annual Income \_\_\_\_\_  
Spouses Current Employer \_\_\_\_\_ Gross Annual Income \_\_\_\_\_.

\*\*All the above information is required. If not completely filled out it could delay processing of your request. \*\*  
An updated application may be requested before any of the following changes are approved.

Credit limit increase to: \$ \_\_\_\_\_ Increased limit will be available within 48 hrs of approval,  
unless otherwise stated.

Additional card(s) requested \_\_\_\_\_ User's name \_\_\_\_\_  
User's name \_\_\_\_\_

Pin number \_\_\_\_\_ Personally selected pins not available

Name change \_\_\_\_\_

Address change \_\_\_\_\_

Effective date \_\_\_\_\_

Close account \_\_\_\_\_ Cards destroyed \*\* # \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_

Current Balance Checked \_\_\_\_\_

\*\*I certify that I have destroyed the above cards. If cardholder has destroyed card(s) outside of  
the Credit Union office, they agree to take full responsibility for any transactions that may occur  
with the card(s) after the date of this notice.

Reason for  
Request \_\_\_\_\_

\_\_\_\_\_  
-  
\_\_\_\_\_  
-

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

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

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Office use only

Approved  
by \_\_\_\_\_ Date \_\_\_\_\_

New Limit \_\_\_\_\_ Processed  
by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_