



ATM/Debit Card Limit Increase Request

9053 Harlan Street, Suite 10 Westminster, CO 80031

Phone (303) 427-66466 Fax# (303) 427-5116 www.wfcu.com

Member _____ Account # _____

Phone Number () _____ - _____ email _____

Purpose: [] Large purchase transaction
[] Vacation (Date from _____ to _____, Location _____)
[] Other _____

Amount Requested \$ _____ **POS** (Point of Sale/Merchants) Permanent Change? **Y / N**
(POS-Merchants Default Limit Amount is \$500.00 per 24-hour period.)

Amount Requested \$ _____ **ATM** Cash Machines Permanent Change? **Y / N**
(ATM Cash Machines Default Limit Amount is \$300.00 per 24-hour period.)

Amount Requested \$ _____ **CNP** (Customer Not Present) Permanent Change? **Y / N**
(CNP Internet or Telephone) Default Limit Amount is \$500.00 per 24-hour period.)

- **If temporary change**, date to change back to default amount, on _____, 20__)

I understand that this ATM/Debit Card increase request is subject to the approval of Westminster FCU and I authorize the credit union to obtain a credit bureau, if necessary. This change may be subject to periodic review and the limits may be changed at Westminster Federal Credit Union's discretion. If we change the amounts, we will contact you and give provide you with 72 hours' notice. Remember that you are liable for the first \$50 of any fraudulent charges, if we are notified after 24 hours after the fraud occurs. Please sign up for our free Internet monitoring, Text, Mobile or Phone banking to help guard/monitor your account against fraud.

X _____
Member Signature Date

X _____
Joint Member Signature Date

* * * * * **Credit Union Only - Below** * * * * *

FiServ EFT Changed _____ Credit Bureau Report _____

Loan Officer Approval _____ Date _____

***Permanent Changes may require a credit bureau report and evaluation of account history.**