



ATM/DEBIT CARD LIMIT INCREASE REQUEST

Member Name: _____ Account Number: _____

Full Card Number: _____ Card Suffix: _____ (ATM Cards Only)

I hereby request the USC Credit Union temporarily increase my ATM/Debit MasterCard limit(s) to the amount(s) stated below. I agree that this request is subject to approval and is therefore not guaranteed by the submission of this form. I agree that the amount I can withdraw is only valid until midnight of the date this request is signed and is limited to the available funds in my account regardless of this request.

	Standard Limit	Requested Limit	Date Increase Expires	Requested Expiration Date*
ATM	\$500.00		Midnight	
POS (PIN Generated)	\$500.00		Midnight	
Credit (MasterCard Only)	\$2,500.00		Midnight	

*Reason for extended limit increase: _____

By signing below, I certify that I have read and agreed with the [USC Credit Union's Account Agreement and Truth-In-Savings Disclosures](#), that the information on this form is correct and I authorize the USC Credit Union to perform the aforementioned request. I agree to indemnify, defend, and hold the USC Credit Union and its employees harmless from and against every claim, demand, action, cost, loss, liability, and expenses including, without limitation, attorney's fees, which you incur by acting in accordance with [USC Credit Union's Account Agreement and Truth-In-Savings Disclosures](#) or as a result of my failure to abide by its terms. For security reasons, electronic signatures are currently not acceptable.

Member's Signature (electronic signature not acceptable)

Date

For USCCU Office Use Only

Processed By (Teller # and Name)

TSR MSR FSR

Date

Manager's Signature (Required for SC Checking and Tiers 2 & 3 Approvals)

Approved By (Teller # and Name)

Branch Manager Dept. Manager

Date