



ROANOKE VALLEY
Community
CREDIT UNION

Visa Credit Limit Increase Application

This form may be used by existing members with a RVCCU Visa Credit Card to apply for a limit increase on their Visa Credit Card.

I am requesting that the credit limit on my RVCCU Visa Credit Card,

_____,

be increased from \$ _____ to \$ _____.

Applicant Information

Account # _____
Full Name _____
Current Address _____
City _____ ST _____ Zip _____
Home Phone # _____ Work Phone # _____
Date of Birth _____ Social Security # _____
Gross Monthly Income \$ _____ Net Monthly Income \$ _____
Monthly Mortgage / Rent Payment \$ _____

Co-Applicant Information

Account # _____
Full Name _____
Current Address _____
City _____ ST _____ Zip _____
Home Phone # _____ Work Phone # _____
Date of Birth _____ Social Security # _____
Gross Monthly Income \$ _____ Net Monthly Income \$ _____
Monthly Mortgage / Rent Payment \$ _____

If you do not present this application in person to a Credit Union Representative, it must be completed, signed, and mailed or faxed to RVCCU.

To avoid delays in processing your application, please print clearly and ensure that you have answered all questions. You must include your most recent paystubs, W-2s, or tax returns for the purpose of income verification.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Mail to:
Roanoke Valley Community Credit Union
Attn: Member Services
P.O. Box 13045
Roanoke, VA 24030-3045

Fax to:
(540) 982-3937

For Credit Union Use Only

Received: By _____ Date: _____
Status: _____ Balance: _____ Last Payment Date: _____
Delinquent (\$): _____ Over Limit (\$): _____ Times Delinquent in Last 24 Mos.: _____
 Approved Denied Reason _____
Loan Officer _____