



EGLIN FEDERAL CREDIT UNION

838 Eglin Parkway NE, Fort Walton Beach, FL 32547-2781
850.862.0111 • 800.367.6159 • eglincu.org

<i>For Internal Use Only</i>
Account: _____
Last Name: _____

REQUEST TO INCREASE EFCU DEBIT/CREDIT CARD DAILY LIMIT

To request an increase to the daily limit(s) for your Debit and/or Credit cards, you must complete the information below, sign, and return to EFCU.

Total daily limit requests greater than \$10,000 will only be valid for up to 3 days.

Name: _____

Physical Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Please increase my **Debit Card** daily limit(s) for the following:

ATM Withdrawal to \$ _____

POS (Point of Sale) Withdrawal to \$ _____

Dates: _____ through _____

***Total daily limit requests greater than \$10,000 will only be valid for up to 3 days.**

Please increase my **Credit Card** daily limit(s) for the following:

ATM Withdrawal/Cash Advance to \$ _____

Dates: _____ through _____

***Total daily limit requests greater than \$10,000 will only be valid for up to 3 days.**

X _____
Cardholder's Signature

Date

Internal Office Use Only

Request Received By

Date