



REQUEST FOR CREDIT CARD CREDIT LIMIT INCREASE

Please return with current pay stub & previous year's W2 or first 2 pages of previous year's 1040 tax return

Name: _____

ActorsFCU Account No.: _____

Last 4 digits of credit card: _____

Current Credit Limit: \$_____, _____ .00

Requested Credit Limit: \$_____, _____ .00

Net Annual Income: \$_____, _____ .00

Monthly Housing Expense: \$_____, _____ .00

By signing below I authorize Actors Federal Credit Union to investigate my credit history by obtaining my credit report(s) from any/all credit bureau.

Signature Date

Please do not write below this line. For Credit Union Use Only

Approved: Credit Limit Increased to: \$_____, _____ .00

Denied:

Comments: _____

Approved By: _____

