

| Name | |
|---|---|
| Phone Number | |
| Member Number | |
| Card Number | |
| Please perform the following maintenance on r | my Visa Credit Card (check all that apply): |
| Lower my credit limit | |
| Current Limit: | New Limit: |
| | |
| For Automatic Credit Limit Increases ONLY | |
| Remove the Automatic Credit Limit inc | rease |
| Opt Out of Future Automatic Increases | |
| | |
| I authorize 360 Federal Credit Union to make the above listed changes to my Visa Credit Card. | |
| | |
| Signed | |
| | |
| Dated | |

Form must be filled out in its entirety before order is processed, if sending the completed form by fax please send to (860) 627-4276.