



838 Eglin Parkway N.E.
Fort Walton Beach, FL. 32547-2781
eglinfcu.org

for internal use only

Account: _____

Suffix: _____

Last Name: _____

Request to Increase ATM Card, Debit Card and/or Bill Payer Daily Limit

To request an increase to the daily limit(s) for your ATM Card, Debit Card and/or Bill Payer account, you must complete the information below, sign, and return to Eglin FCU. An Eglin FCU Representative may call to validate the authenticity and accuracy of the request in order to protect against account fraud before processing the daily limit increase.

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: _____

Cardholder Name: _____ Last 4 of Card: _____

Please increase my ATM or 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.

Reason for the Request: _____

Please increase my Bill Payer daily limit(s) for the following:

Transfer amount to \$ _____ Individual payment amount to \$ _____

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

Reason for the Request: _____

X _____

Member/Joint Owner Signature

Date

EFCU Witness

Internal Office Use Only

Request Received By: _____

Date: _____