



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.

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: _____