



Viriva
Community Credit Union
Your financial partner... for life.

157 York Road, Warminster, PA 18974
 www.viriva.com • 888-7-VIRIVA
 215-333-1201 (Local) • Fax: 267- 803-8390

Name(s): _____

Member #: _____

VISA® Acct#: _____

Request Increase in VISA® Line of Credit

Desired Credit Limit: _____

Daytime Phone #: _____

* Please attach a copy of your most recent pay stub or W-2 *

Member Signature _____ Date _____ Member Signature _____ Date _____

Transfer Other Card Balances

I hereby authorize Viriva Community Credit Union to pay the "Amount" indicated to the "Card Issuer" shown by issuing a check and adding the "Amount" to my Viriva CCU VISA® Platinum Preferred Credit Card Account. I understand that the amount transferred, combined with my current balance, and cannot exceed my current credit limit.

Card Issuer: _____

Address: _____

Account#: _____

Pay this Amount: _____

Member Signature _____ Date _____ Member Signature _____ Date _____

Please note that for NEW accounts, a Balance Transfer cannot be processed until after you have activated your account/card. This form may be copied if you have more than one (1) account you wish to transfer. Balance transfer fee 3%, with a \$5.00 minimum, no maximum.

