

ALCOSE CREDIT UNION

3001 Jacks Run Road Suite 101 White Oak, Pennsylvania 15131 Phone: 412-673-2450 • Fax: 412-673-2483

CREDIT LIMIT INCREASE REQUEST

AGREEMENT DATE ACCOUNT NUMBER AGREEMENT NUMBER

BORROWER 1 (NAME AND ADDRESS)				BORROWER 2 (NAME AND ADDRESS)						
SOCIAL SECURITY NUMBER/INDIVIDUAL TAX IDENTIFICATION NUMBER				SOCIAL SECURITY NUMBER/INDIVIDUAL TAX IDENTIFICATION NUMBER						
EMPLOYMENT STATUS: FULL TIME	YMENT STATUS: FULL TIME PART TIME			EMPLOYMENT STATUS: FULL TIME PART TIME						
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER						
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.						
EMPLOYMENT INCOME PER \$	OTHER INCOME \$	PER		EMPLOYMENT II	NCOME	PER		OTHER INCOME		PER
TITLE/GRADE	OTHER INCOME SOURCE			TITLE/GRADE				OTHER INCOME SOURCE		
CREDIT LIMIT INCREASE REQUEST										
CURRENT LIMIT		REASON FOR INCREASE								
I REQUEST THE CREDIT LIMIT FOR TO BE INCREASED TO \$.										
ACKNOWLEDGMENT AND AUTHORIZATION										
You promise that everything You have stated above is correct to the best of Your knowledge. If there are any important changes, You will notify Us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this request for an increased credit limit and for any other update, increase, renewal, extension, or collection of the credit received and for other accounts, products, or services We may offer You or for which You may qualify. If You request, the Credit Union will tell You the name and address of any credit bureau from which it received a credit report on You. It is a crime to willfully and deliberately provide incomplete or incorrect information in this request. You agree to repay all amounts You owe in accordance with Your Agreement.										
Borrower Signature Date				Borrower Signature Date						ate
X (See)										
	(Seal)									
FOR CREDIT UNION USE ONLY										
DATE APPROVED		APPROVED LIMITS:	CRI \$	EDIT CARD	LINE OF CR	EDIT	OTHE \$	ER	DEBT RATIO	
DENIED (Adverse Action Notice Sent	t)		•		Ψ		Ψ		BEFORE	AFTER
LOAN OFFICER COMMENTS										
CREDIT COMMITTEE OR LOAN OFFICER SIGNA	_	1,								
Signatures		Date	Signatures						Date	
X				X						

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