



Credit Card Request Form

Cardholder's Name: _____

Credit Card # _____

Close Account

PIN

Convenience Check

Order Plastic (Primary / Joint / Authorized User(s): _____

Name Change / Misspelled Name: _____

Address Change: _____

Home Phone: _____

Work Phone : _____

CASH ADVANCE REQUEST

I request a cash advance from the above credit card for \$_____ to be transferred to:

Share Account #: _____ Share Draft Account #: _____.

CREDIT CARD BALANCE TRANSFER AUTHORIZATION

Please transfer the balance from the credit card account above as follows:

Transfer from # VC / VS / VP

Transfer to # VC / VS / VP

AUTHORIZATION TO ADD AUTHORIZED USER(S)

Name(s) of Authorized User(s): _____

AUTHORIZATION OF CREDIT LIMIT DECREASE

I authorize AFCU to lower the above credit card limit(s) to \$_____

Cardholder's Signature: _____

Date: _____

Employee taking request: _____

Date: _____

Credit Card Coordinator's Signature: _____

Date: _____