

# Parkview Community Federal Credit Union

## ATM/Check Card Daily Limit Temporary Increase Request

The completion of this form is required in order to request a temporary increase on your PCFCU ATM/Check Card daily point-of-sale (POS) or daily ATM withdrawal limit(s). Upon completion, please return to a PCFCU representative.

**Please print clearly.**

Member: \_\_\_\_\_ Member# \_\_\_\_\_

Joint Member (if applicable): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please make a choice below & complete applicable fields:**

I (we), \_\_\_\_\_, am (are) requesting my (our) daily point-of-sale  
Please Print Full Name(s) Here  
(POS) on my (our) Parkview Community FCU ATM/Check Card be raised from \$2,000 to \$\_\_\_\_\_.  
\*subject to approval & availability

I (we) understand that this increase is temporary and will only be valid for 24 hours.

I (we), \_\_\_\_\_, am (are) requesting my (our) daily ATM withdrawal  
Please Print Full Name(s) Here  
limit on my (our) Parkview Community FCU ATM/Check Card be raised from \$500 to \$\_\_\_\_\_.  
\*subject to approval & availability

I (we) understand that this increase is temporary and will only be valid for 24 hours.

**Authorizations:** By signing below, I (we) understand that the PCFCU ATM/Check Card is not a credit card and that the dollar amount of the purchases made with the card will be deducted from my (our) PCFCU share savings or share draft /checking account, whichever is applicable, and that no commitment to extend credit to me (us) will be made by your approval of the limit increase requested. I (we) agree to be bound by the terms and conditions covered in the appropriate Account Agreement including the Electronic Funds Transfer Disclosure. I (we) certify receipt and acceptance of the Electronic Funds Transfer Disclosure also found at [www.pc-fcu.org](http://www.pc-fcu.org). I (we) understand that I (we) am (are) responsible for any fraudulent activities that exceed the Parkview Community FCU current daily ATM withdrawal and/or POS limits of \$500 and/or \$2000.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY:**

Request Received By \_\_\_\_\_ On \_\_\_\_\_

Limit Increase By \_\_\_\_\_ On \_\_\_\_\_

Card# \_\_\_\_\_ Card# \_\_\_\_\_