

2509 N. Hand Avenue (Location) PO Box 1149 (Mailing Address) Bay Minette, AL 36507 251.937.0334 Phone 251.580.1609 Fax

MEMBER AUTHORIZATION FOR INCREASE OF DEBIT CARD LIMIT

Date of Request:	Account Number:	
Account Name:		
Debit Card Number (Last 8 Digits ONLY):		
I, hereby request the Baldwin County Federal Credit Ur	nion to <u>INCREASE</u> my deb	oit card limits to:
ATM:	Point of Sa	ale:
I, understand that these are above the recommended I of Sale transactions.	imit of \$300 for ATM tra	nsactions and above the limit of \$500 for Point
By signing this request, I hereby release the Baldwin Coarising from the increase in my ATM/Debit Card Limit.	ounty Federal Credit Unio	on from any liability and/or reimbursement
My request for this is Change is: PERMANENT Date to Return to Normal Limit:		
Authorized Signature:		Date:
*BELOW THE LINE IS FOR OFFICE USE ONLY:		
Verbal Request Received: Date:	_ Time:	By:
Written Request Received: Date:	_ Time:	By: