



MEMBER AUTHORIZATION FOR INCREASE OF DEBIT CARD LIMIT

Date: _____

I hereby request Baldwin County Federal Credit Union to raise my debit card limits to:

ATM \$ _____
Point of Sale \$ _____

Change is: Permanent _____ Temporary _____

I understand that these are above the recommended limit of \$300 for ATM transactions and above the recommended limit of \$500 for Point of Sale transactions.

By signing this request, I hereby release Baldwin County Federal Credit Union from any liability/ reimbursement arising from the increase in my ATM/Debit Card Limit.

MEMBER NAME: _____ ACCOUNT#: _____

DEBIT CARD#: _____ (LAST 8 DIGITS)

DATE TO RETURN TO NORMAL DEBIT CARD LIMIT: _____

MEMBER SIGNATURE REPRESENTATIVE

BCFCU

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