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Loan Department Phone: 513-765-3822
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Credit Card Limit Increase Request Form

If you would like to increase the credit limit on your MTFCU Credit Card, please return this completed form and your most recent paystub to Members Trust FCU for processing.

Primary Cardholder: _____ Last Four Number on Visa Card: _____

Joint Cardholder: _____ Last Four Number on Visa Card: _____

Current Address: _____

- Yes, I would like to request an increase on my credit card. Please increase limit to \$_____.
- I would like to request an upgrade of my credit card. Please upgrade me to:
 - Visa Elite card (LOC minimum \$7,500.00)*
 - Visa Gold card (LOC minimum \$5,001.00)*

*Some restrictions and limitations apply.

Primary Cardholder:

Cell Phone Number: _____ Personal Email: _____

Employer: _____ Work Phone Number: _____

Annual Income: \$ _____ Time on current employment: _____

Joint Cardholder:

Cell Phone Number: _____ Personal Email: _____

Employer: _____ Work Phone Number: _____

Annual Income: \$ _____ Time on current employment: _____

By signing and submitting this form to the credit union, I authorize Members Trust Federal Credit Union to obtain a credit bureau report, request income or other information in order to determine credit worthiness. Approval is based on MTFCU credit policy and standards. MTFCU may contact me to obtain additional information or confirm account information as needed. If approved, I understand I will receive updated MTFCU Visa Terms and Conditions, I will be bound by these terms and conditions and all future revisions. The information stated and provided is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Signed: _____ Date: _____