MEDICAL AREA FEDERAL CREDIT UNION
VISA CREDIT LINE INCREASE APPLICATION

____ INDIVIDUAL _____ JOINT ACCOUNT CREDIT LIMIT REQUESTED: $ _____

Applicant Name: _____ Date of Birth: _____

MAFCU Savings Acct. #: _____ Visa Card #: _____

Social Security #: _____ Rent/Mtg Payment : _____

Street Address: _____ Tel. # (Day): _____
(NO P.O. BOX)

City, State, Zip: _____ Tel # (Eve): _____

Employer/Position/Start Date: _____ Gross Annual Income: $ _____
*PAYSTUB REQUIRED

_____ _____
Applicant's & Co- Applicant's Signature Date

ALL PARTIES APPLYING FOR CREDIT MUST SIGN THIS APPLICATION

FOR CREDIT UNION USE ONLY: ___ APPROVED ___REJECTED CREDIT LIMIT: _____
DATE: _____