



DEBIT/ATM CARD DAILY LIMIT INCREASE REQUEST

MEMBER NUMBER: _____

MEMBER NAME _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DEBIT/ATM CARD NUMBER: _____

EXPIRATION DATE: _____

INCREASE ATM DAILY WITHDRAWAL LIMIT FROM \$300 TO \$ _____

OR

INCREASE DAILY POINT-OF-SALE LIMIT FROM \$300 TO \$ _____

RETURN TO ORIGINAL AMOUNT ON: ____/____/____

(For security reasons, we advise against keeping your point of sale withdrawal limit higher than \$300)

SIGNATURE: _____

DATE: ____/____/____

*Please send signed form to either of the fax numbers below.

LA: Tel: 310-432-2344 . Fax: 310-432-2345 . 1901 Avenue of the Stars, . Suite 120 . Los Angeles, CA . 90067

NY: Tel 212-852-7861 . Fax: 212-852-7858 . 1211 Avenue of the Americas, . 3rd Floor . New York, NY . 10036