Request to Raise ATM/Debit Daily Cash Withdrawal/POS Limit

Interra CREDIT UNION

☐ Temporary ☐ Permanent Date: To_____ From_____

I hereby request that my ATM/Debit cash withdrawal/POS limit be raised from $300/$1000 to $_____ per day.

I understand that all other terms and conditions regarding electronic transfers, fund availability, and Truth in savings remain unchanged as listed in the Interra Membership and Account Services Agreement and Disclosures booklet.

_____ _____
Member's signature Date

ATM/Debit card number: _____

Member number: _____

Received by: Approved by::

_____ _____ _____
Initial Date Supervisor

Changed by:

_____ _____
Initial Date