



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

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