



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