

**Credit Limit Change
Form**

Credit Union: _____ Routing Number: _____
 Charter #: _____ Phone: _____ Fax: _____
 Address: _____
 City/State/Zip: _____

1. LINE REQUEST:

AMOUNT

TYPE

- | | | | | |
|--|----------|------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Settlement Overdraft Line | \$ _____ | <input type="checkbox"/> New | <input type="checkbox"/> Increase to | <input type="checkbox"/> Decrease to |
| <input type="checkbox"/> Secured Line | \$ _____ | <input type="checkbox"/> New | <input type="checkbox"/> Increase to | <input type="checkbox"/> Decrease to |
| <input type="checkbox"/> Letter of Credit | \$ _____ | <input type="checkbox"/> New | <input type="checkbox"/> Increase to | <input type="checkbox"/> Decrease to |
| <input type="checkbox"/> Committed Line | \$ _____ | <input type="checkbox"/> New | <input type="checkbox"/> Increase to | <input type="checkbox"/> Decrease to |

2. PURPOSE OF CREDIT LINE/CHANGE: _____

3. DO YOU HAVE OTHER CREDIT AGREEMENTS OTHER ENTITIES THAN WESTERN BRIDGE CORPORATE FEDERAL CREDIT UNION? No Yes (Please fill out below):

	NAME	AMOUNT	SECURITY
CORPORATE CREDIT UNION:	_____	\$ _____	_____
CORPORATE CREDIT UNION:	_____	\$ _____	_____
FEDERAL HOME LOAN BANK:	_____	\$ _____	_____

Disbursement of loan proceeds shall be made only by credit to an existing share or loan account of Borrower that is maintained at Western Bridge Corporate Federal Credit Union.

By signing below, your credit union authorizes implementation of a credit facility using the data provided in this application and verifies the accuracy thereof. Agreements for this credit have been signed and forwarded to Western Bridge Corporate Federal Credit Union Credit Operations for approval and processing.

AUTHORIZED SIGNATURE: _____ **DATE:** ____/____/____

NAME & TITLE (PLEASE PRINT) : _____

WESTERN BRIDGE CORPORATE FEDERAL CREDIT UNION USE ONLY Global Limit Approved: \$ _____ Approved By: _____ Date ____/____/____	Recommended By: _____ Date: ____/____/____ Date ____/____/____
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