

COMPANY VISA CARD MAINTENANCE FORM

Cooperative Name \_\_\_\_\_

I hereby authorize MECE Credit Union to do the following:  
(Please check the appropriate box and fill in the necessary information.)

ISSUE NEW VISA CARD

Employee Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

INCREASE VISA CREDIT LIMIT

Employee Name \_\_\_\_\_

Visa Card Number \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

Permanent Increase

Temporary Increase (Increase is effective for 10 days only)

CANCEL VISA CREDIT CARD

Employee Name \_\_\_\_\_

Visa Card Number \_\_\_\_\_

Reason For Cancellation \_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Printed Name