Business Card Management Form

Everence®

Business name _____ Member # _____ Date _____

I. Request new cards

Cardholder name _____
Name Middle Last

Cardholder Social Security number _____

Cardholder date of birth _____ Cardholder phone number _____

Cardholder credit limit request _____

Cardholder email (business) address _____

II. Close cards

Cardholder name _____
Name Middle Last

Last 4 digits of card number _____

III. Manage credit lines

Cardholder name _____
Name Middle Last

Last 4 digits of card number _____

☐ Permanent cardholder credit limit request $_____

☐ Temporary cardholder credit limit request $ _____ until (date) _____

The limit will return to the previous limit on the date requested. If the balance on the card on that date is higher than the previous limit that it reverts to, an overlimit fee will be applied.

☐ Limit adjustment. Pull limit of $ _____ from (cardholder name) _____

(last 4 digits of card number) _____ and apply to card referenced above.

If the balance on the card being decreased is higher than the limit being requested, an overlimit fee will be applied.

Name of authorized signer _____

_____ _____

Signature (must be a signer on the account) Date

Email, fax or mail the completed form to the electronic services and operations department:

Email: infocu@everence.com
Fax: 717-735-8331
2160 Lincoln Highway E. Ste. 20
Lancaster, PA 17602

Everence Federal Credit Union
2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com

Toll-free: 800-451-5719
F: 717-735-8331
infocu@everence.com

For employee use only:
Interest rate of new card: _____
Date received: _____
Employee name: _____