

Business Card Management Form



Business name _____ Member # _____ Date _____

I. Request new cards

Cardholder name _____

Cardholder Social Security number _____

Cardholder date of birth _____ Cardholder phone number _____

Cardholder credit limit request _____

II. Close cards

Cardholder name _____

Last 4 digits of card number _____

III. Manage credit lines

Cardholder name _____

Last 4 digits of card number _____

Cardholder credit limit request

☐ Permanent cardholder credit limit request \$ _____

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

Pull limit from (last 4 digits of card number) _____

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

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