

Approval Date _____

VISA Modification Request Form

___ Date Denial Notice Sent ____

3201 California Street • San Francisco, CA 94118 • Phone: (415) 674-4800 • Facsimile: (415) 674-4680 • www.sffirecu.org				
Member#		VISA #		
		Email Address:		
		Phone # ()		
		State		
		State		
		Phone # ()		
		,		
		State		
-		Date of Hire//	·	
Please Contact:	☐ Primary Member		☐ Joint/Co-Borrower	
Preferred Method:	☐ Home Phone	☐ Work Phone	Cell Phone	☐ Email
Preferred Time:	8:30 - 11:30 a.m.	☐ 11:30 a.m. – 2:30 p.m.	2:30 – 5:30 p.m.	
Terms and Conditio I/We hereby authorize S and process our reques	an Francisco Fire Credi	t Union to obtain a new credit i ifications to our current SF Fire	report on all borrowers in or Credit Union VISA Card.	der to evaluate
☐ Transfer to a Variab	e Rate VISA Platinum			
☐ Lower My Rate				
☐ Increase / Decrease	Credit Limit			
Original Credit Limit:	New C	redit Limit:		
✓ My current Credi✓ Additional docur✓ Transfer from Va		eased	rds Program eligibility and t	hat any Rewards
(Primary Signature)			(Date)	
(Co-Applicant Signature			(Date)	
		For Internal Credit Union Use Only:		
	Current Int. Rate	Original Credit Score: Or	riginal Date:	
Loan Officer:		_		

Date New Card Ordered_____