

SOUTHERN ILLINOIS BANK
REQUEST FOR DEBIT CARD LIMIT INCREASE

Date _____

Card Number _____

Customer Name _____

Contact Phone Number _____

Limit Amount Requested _____

Date(s) Requested _____ through _____

Reason for This Request _____

Account Number _____

Current & Average Balance _____

I understand that by signing this request, the amount approved may differ from the amount requested.

Customer Signature

Employee Signature

For Office Use Only

Approved Amount: _____

Removal Date: _____ or Do Not Remove: _____

Approved By: _____

Customer Contacted: Date _____ Answered / Left Message By _____

Maintenance: Done By _____ Removed By _____

Note: If for some reason we lose contact with MasterCard, the limits above will **NOT** be honored.