

# Credit Limit Decrease/Closure Request Form

VISA

Personal Line of Credit

ACCOUNT NUMBER

BORROWER FULL NAME

COBORROWER FULL NAME (IF APPLICABLE)

## ***CREDIT LIMIT DECREASE***

**By signing below, I (we) request that my (our) current credit limit be decreased.**

\$

CURRENT LIMIT

\$

NEW LIMIT

## ***REQUEST TO CLOSE***

**By signing below, I (we) authorize First Commonwealth Federal Credit Union to close the above referenced VISA or Line of Credit.**

BORROWER'S SIGNATURE

DATE

COBORROWER'S SIGNATURE

DATE

## ***CREDIT UNION USE ONLY***

CREDIT UNION REPRESENTATIVE

DATE

**\*At least one signature is required**

Complete and sign this form and return it to us at First Commonwealth FCU, Attn: Consumer Lending, PO Box 20450, Lehigh Valley, PA 18002 or by fax at 610.807.3035.