

Please print, complete, sign and mail to:

Champlain Valley Credit Union
P O Box 82, Essex Jct., VT 05453

Credit Limit Increase Request

Applicant Name		Account #	
Employer	Position	How Long	Annual Income
Rent/Mortgage	Daytime Phone	Other Income	Source
Co-Applicant Name	Daytime Phone	Account #	
Employer	Position	How Long	Annual Income
Signature Applicant	Date	Requested Limit	
Signature Co-Applicant	Date		