



Visa Increase Request Form

Complete the form below to request a limit increase on your card today. A loan officer will contact you within 24 hours.

Primary Card Holder Name

Joint Card Holder Name (if applicable)

GPLAFCU Account Number

E-Mail Address

Cell Number

Last 4 numbers of your Card

Present Card Limit

Requested Card Limit

Annual Income

Below \$20,000

\$20,000-\$50,000

\$50,000-\$75,000

Above \$75,000

Primary Card Holder Signature | Date

Joint Card Holder | Date

GP Louisiana Federal Credit Union
PO Box 520 | 1700 East Mount Pleasant Road
Zachary, La. 70791

Call or Text: 225-654-7230

Complete this form along with a copy of your most recent pay stub and sent to loans@gplafcu.com

Or Fax 225-654-7232

For Credit Union Use Only:

New Visa Limit: _____

Current Rate: _____

New Rate: _____

Approved Denied Counter