

Request To Make VISA® Credit Card Account Single

Cardholder Name: _____

VISA® Credit Card Account Number: _____

Please check Yes or No for each of the following:

- | | | |
|---|-----|----|
| 1. I would like to keep my existing account number. | Yes | No |
| 2. The co-applicant's card has been destroyed. | Yes | No |
| 3. I am taking responsibility for my present account balance. | Yes | No |

Any additional comments:

Signed: _____ Date: _____

The account number cannot remain the same under the following conditions:

- ✓ Credit limit increase moves you into another product.
- ✓ Co-applicant's card has not been destroyed.

Please have member complete a new VISA application along with this form. Then forward both to the Card Services Department.

Originating Branch: _____

Employee: _____