DEBIT CARD AGREEMENT AMENDMENT

Member Name:		
Member Number:		
Debit Card Number	(Last 6):	_
Date:		
I understand that TV following limits:	A Community Credit Unio	on's current debit card policy involves the
	hin a 24 hour period on A 7 thin a 24 hour period on D	
	elieves this is the "best pra most risk involved with lo	ctice" based upon debit card industry st or stolen debit cards.
normal limits beyond Union's debit card p	d the "best practice" recom olicies and procedures. I a nunity Credit Union harml	document, I am choosing to extend my mendations of TVA Community Credit m willing to take that risk on personally ess from any and all amounts above the
Therefore, going for	ward from this date, please	raise my limits to the following:
\$	within a 24 hour period on ATM transactions	
\$	within a 24 hour period on Debit transactions	
Member Signature	Date	
Processed by:		
	Employee Name (Printed	l and Signed)
	Teller Number	Date Processed