



1035 West Park
Anaconda, MT 59711
(406)563-8484

1925 Elizabeth Warren
Butte, MT 59701
(406)782-8337

Increase Purchase Limit for Debit Card

I hereby authorize you to increase my point of purchase daily limit to \$_____ from the normal Point Of Purchase limit of \$500. I understand that increasing my purchase limit may increase my exposure limit on my debit card and accept this increased exposure. I understand purchases may be denied if funds available in account are less than purchase attempt.

Account Number: XXX (Last 3 Only) Card Holder: _____

Permanent Increase Increase Expires _____

Signature: _____ Date: _____

Employee: _____ Date: _____

**Please note, If your transaction is ever declined and there is suspected fraud on your card you will receive a text and/or email from the fraud center. You must maintain a good cell phone number and email on file with us so that the fraud center or SWMCFCU can contact you incase of an issue.*

Cell Phone Number: _____

Email Address: _____

We do not encourage you to email this form through unsecured email connection. Please speak with a member service representative first.