

Credit Limit Increase Request Form Information

Please read carefully.

To comply with Fair Credit Reporting Act (FCRA) policy and ensure sales integrity, effective immediately, Credit Limit Increase requests sent on a cardmember's behalf or by the cardmember directly to Underwriting will require the use of these forms. A business and consumer version are available.

Forms are located on the Client Resource Center Sales Tools & Products Tab. Select Consumer Cards and then the card type, the form will be available in the Resources section. Bankers can print out and complete with the requester. Cardmember signatures are required for the form to be accepted.

Credit Limit Increase requests can be made by the cardmember by:

- Calling Elan Cardmember Services at the phone number listed on the back of their credit card plastic.
- Logging into myaccountaccess.com, visiting the Services tab and selecting "Credit Limit Increase" under the Control section. Fill out the online request.
- Mailing the completed form and any additional required financial information to the Elan Credit Card Underwriting Department, PO Box 6361, Fargo, ND 58125-6361.
- Faxing the completed form to 800.670.4834 for consumer account requests.
- Email requests will be accepted at underwriting@elanfs.com

Please note: For a better customer service experience, a full recourse account needing a credit limit increase should complete a Credit Limit Increase form instead of calling Cardmember Service or logging into myaccountaccess.com.

As Elan works to enhance the Credit Limit Increase process for both you and your cardmembers, please watch for more information to be shared on the Client Resource Center in the future.



Consumer Credit Limit Increase Request Form

Authorization For Credit Line Increases

Please complete the following information and sign this form.

Increasing the credit line on your account may result in an inquiry to your credit bureau, also known as a consumer report. Your request to increase your credit line must be in writing. If your credit report(s) are frozen, you will be required to unfreeze with all three consumer reporting agencies (Transunion, Equifax, Experian) for Underwriting to complete the review.

Last 4 digits of Account Number: XXXX-XXXX-XXXX- _____

Requester is Primary account holder:

- Primary account holder over 21 with no secondary. Primary section completed and signature required. Secondary portion left blank.
- Both are over 21 Primary section completed and signature required. Secondary portion can be left blank, secondary signature suggested but not required.
- Primary is over 21 and secondary is under 21 Primary section completed and signature required. The Secondary section does not need to be completed.
- Primary is under 21 and secondary is over 21 Primary section completed and signature requested but not required. Secondary section completed and signature required.
- Primary is under 21 and secondary is under 21 Both Primary and Secondary sections completed, and both signatures are required.

Requester is Secondary account holder:

- Both are over 21 Secondary section completed and signature required. Primary section can be left blank, primary signature suggested but not required.
- Secondary is over 21 and primary is under 21 Secondary section completed and signature required. The Primary section does not need to be completed.
- Secondary is under 21 and primary is over 21 Secondary section completed and signature requested but not required. Primary section completed and signature required.
- Secondary is under 21 and primary is under 21 Both Secondary and Primary sections completed, and both signatures are required.

Primary Cardmember

First Name _____ Middle Name _____ Last Name _____

Increase the credit limit to this amount: \$ _____

Primary Cardmember Total Annual Income*, **: \$ _____

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**Please ensure that you capture on the application all readily accessible income earned from sources such as personal income and, if applicable, spousal/domestic partner income. Income can include salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends or rental income.

Primary Cardmember Source of Total Annual Income†: _____

†Employment, Sale of Property, Investments, Inheritance, Rental Income, Business Ownership/Sole Proprietorship, Government Program, Social Security, Trust Fund Disbursements, Pension/Retirement Income, None (only applicable if \$0.00).

Primary Cardmember Monthly Housing Payment: \$ _____ Own _____ Other _____

I agree to the terms of this application, including the terms of the Applicant Statement, below, and that I may be liable for the full amount owed on the account according to applicable law and the terms of the Cardmember Agreement, as revised from time to time. This is the case even if the account is a joint account and is only used by one of us, or by an authorized user chosen by only one of us.



Primary Cardmember Signature _____ Date _____

Secondary Cardmember

First Name _____ Middle Name _____ Last Name _____

Secondary Cardmember Total Annual Income*, **: \$ _____

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**Please ensure that you capture on the application all readily accessible income earned from sources such as personal income and, if applicable, spousal/domestic partner income. Income can include salary and hourly wages, overtime, bonuses, commissions, self-employment, social security, retirement pay, public assistance, disability, pension, interest, dividends or rental income.

Secondary Cardmember Source of Total Annual Income††: _____

††Employment, Sale of Property, Investments, Inheritance, Rental Income, Business Ownership/Sole Proprietorship, Government Program, Social Security, Trust Fund Disbursements, Pension/Retirement Income, None (only applicable if \$0.00).

Secondary Cardmember Monthly Housing Payment: \$ _____ Own _____ Other _____

I agree to the terms of this application, including the terms of the Applicant Statement, below, and that I may be liable for the full amount owed on the account according to applicable law and the terms of the Cardmember Agreement, as revised from time to time. This is the case even if the account is a joint account and is only used by one of us, or by an authorized user chosen by only one of us.



Secondary Cardmember Signature _____ Date _____

APPLICANT STATEMENT

By signing above, you certify that the information provided is accurate and complete to the best of your knowledge, and you agree that we may verify your employment, income, address and all other information provided with other creditors, credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality you may have in that information under applicable law.

Please complete the above information and return to: Elan Credit Card Underwriting Department, PO Box 6361, Fargo, ND 58125-6361, or fax a written request to 800-670-4834 for consumer account requests.