

# 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: \_\_\_\_\_