

## Request to Increase

First Name:

Last Name:

Submitted on:

### ATM Withdrawal Limits or Debit Card POS (point of sale) Purchase Limits

Customer Name (required)	
Account Number (required)	
Card Number (required)	
Amount Requested (required)	
Date of Request (required)	
Type of Request	<input type="checkbox"/> POS Limit <input type="checkbox"/> ATM Limit
Reason for Request	

### Authorization

I/We hereby request the changes indicated above to my/our ATM/DEBITCard(s), and/or the special requests that I/we have indicated. I understand that a call back from the bank may be required for verification purposes.

I have read and understand [Magyar Bank's ESIGN Consumer Consent Disclosures](#) and [Terms of Use](#).

By clicking the "I Accept" box below, the applicant(s) request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The applicant(s) agree(s) that all information is accurate and authorize changes above.

NOTE: Only click the Submit button once. Because it is encrypted, this transmission may take up to one (1) minute to complete.

**Once the request has been approved or denied, you will receive an email confirmation within 1-3 business days.**

Yes, I agree to the Terms and Conditions (required)

☐ I Agree

**Report lost or stolen cards immediately by calling 800-472-3272**