

**AUTHORIZATION FOR SECURED CARD CREDIT LIMIT INCREASE**

Please complete the following information and return to: Secured Credit Card Underwriting P.O. Box 6363 Fargo ND 58125-6363

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Increase the credit limit by this amount: \$ \_\_\_\_\_ Include a Cashier's Check for the increase amount. Make sure the Money Order or Cashier's Check payable to U.S. Bank National Association is signed and complete

Primary Cardmember (please print)	First Name: _____	Middle Name: _____	Last Name: _____
	Date of Birth: _____		
	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. **Include all your income. See Main Source examples below. You also may include someone else's income that's regularly deposited into your account (joint with them or individual). Age 21 and over: You also may include the portion of someone else's income regularly used to pay your expenses.		

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:  or Other:

I agree to the terms of this application, including the terms of the Applicant Statement, below, and that I will 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: \_\_\_/\_\_\_/\_\_\_\_\_

**The section below only needs to be completed if there is a joint Cardmember, including a consigner or guarantor if the Primary Cardmember is under the age of 21.**

Secondary Cardmember (please print)	First Name: _____	Middle Name: _____	Last Name: _____
	Date of Birth: _____		
	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. **Include all your income. See Main Source examples below. You also may include someone else's income that's regularly deposited into your account (joint with them or individual). Age 21 and over: You also may include the portion of someone else's income regularly used to pay your expenses.		

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:  or Other:

I agree to the terms of this application, including the terms of the Applicant Statement, below, and that I will 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.**