



Kamehameha
Federal Credit Union

1620 N School Street, Suite 116 | Honolulu, HI 96817-1849
Phone: (808) 842-9660 | Fax: (808) 842-6499

Debit Card Maintenance Request Form

Member Name _____ Card Number (Last 5 digits): _____

Cardholder Name _____ Account Number : _____

DEBIT CARD

Travel Notification Include travel details: countries, dates, etc.

Limit Increase Amount: \$ _____

*Increase will remain for 24 hours.

Requested By

Cardholder Yes No (If no, provide name)

Signature: _____ Date: _____

Comments

Submitted By

Teller #: _____ Date: _____

Audited By (Tlr# & Initials): _____ Date: _____