



Secured MasterCard Credit Limit Increase Request Form

**Attn: Peoples Trust
P.O. Box 48235
595 Burrard Street
Vancouver, BC
V7X 1A1**

Applicant Name: _____

Co-Applicant Name: _____

Applicant Credit Card Number: _____

Please find attached to this request form my security deposit enclosed for \$ _____.00 which I am requested to have the limit on my existing account increased by the security funds enclosed here within.

We the undersigned, confirm that:

- Please mail this form along with your security funds provided to Peoples Trust herewith for deposit belong to the applicant and are provided as collateral for the Secure MasterCard account requested. The deposit exceeds the minimum increase of \$100.00 as required.
- Upon Closure of the Secured MasterCard Account, all/any funds due to the applicant, by Peoples Trust, will be returned to the applicant, not any Third Party.
- The information provided on this form is true and accurate.

Applicant Signature

Dated

Co-Applicant Signature

Dated