



PO Box 20147 · Lehigh Valley, PA 18002-0147
800-821-5104 · Fax: 610-841-2589 · apcifcu.org

APCI eDeposit Dollar Limit Change Request

For use to request an increase or decrease to a new Deposit Level.

Account Number: _____

Member Name: _____

Current Deposit Level: *(Select One)*

Up to \$8,000.00/Day;
\$15,000.00/Month

Up to \$12,000.00/Day;
\$25,000.00/Month

Up to \$20,000.00 Day;
\$50,000.00/Month

New Deposit Level: *(Select One)*

Up to \$8,000.00/Day;
\$15,000.00/Month

Up to \$12,000.00/Day
\$25,000.00/Month

Up to \$20,000.00/Day;
\$50,000.00/Month

Member Signature

Date

Please mail or fax your request to the address or number above.

For Internal Use Only:

Deposit Level Approved: \$ _____

Mobile Deposit Level change has been reviewed and approved by:

Signature

Date