

Account Review Form



Please complete this form if you want to request a change to your current ATIRAcredit™ MasterCard® account. Please select one of the following account review options:

- Decrease APR Credit Limit Increase Re-open Closed Account Unsecure an Account

PRIMARY CARDMEMBER (Required)

First Name _____ MI _____ Last Name _____

Credit Card Account Number _____

Address _____

City _____ State _____ Zip _____

State of residence (if different than mailing address) _____

Primary Phone Number _____ Secondary Phone Number _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number _____

Email Address _____

Occupation _____

Work Phone Number _____

FINANCIAL INFORMATION (Required)

\$ _____
Primary Cardmember Total Monthly Income

\$ _____
Secondary Cardmember Total Monthly Income

Note: Alimony, child support or separate maintenance income need not be revealed if you do not want it considered as a basis for repayment.

What Is Your Housing Situation? Own Rent Student Other

How Long Have You Lived There? _____
Years Months

\$ _____
Total Monthly Mortgage Payment / Rent

Do You Have A: Checking Account Savings Account
(Check all that apply)

Primary Cardmember Signature (Required) _____ Date _____

By signing this application, you agree that all the information is complete and is entered correct to the best of your knowledge.