



PO Box 20147, Lehigh Valley, PA 18002-0147
Phone: (800) 821-5104 Fax: (610) 706-7100

APCI eDeposit Dollar Limit Change Request

For use when a member requests an increase or decrease to a new Deposit Level.

Account Number: _____

Member Name: _____

Current Deposit Level: *(Select One)*

Up to \$8,000.00/Day Up to \$12,000.00/Day Up to \$20,000.00/Day

New Deposit Level: *(Select One)*

Up to \$8,000.00/Day Up to \$12,000.00/Day Up to \$20,000.00/Day

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