

## ***ATM Withdrawal Increase Request***



Dear Cardholder,

In order to fulfill your request to increase your ***ATM Withdrawal Limit***, please fill in the following information:

Cardholder Name		Epassporte User ID	
Electron Card #		Email Address	
Single ATM Transaction Limit Desired*	\$		

\* Please note that the financial institution that owns the ATM machine may have its own parameters in place that are beyond the control of ePassporte. These parameters may limit the number of withdrawals (as well as the amount) for each card used per day.

In addition, we require a copy of:

1. A government issued photo ID (containing a legible signature)
2. Front/Back of each load card on account
3. The last statement of each load card on account

Please fax all documents, along with the signed and dated request form to 1-310-943-2410.

Alternatively, you can email the documents as an attachment to: [cs@epassporte.com](mailto:cs@epassporte.com).

Scanning/emailing works best.

By signing this document you acknowledge that you are the primary account holder and owner of the ePassporte account mentioned above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_