



Debit Card Daily Limit Increase Request Form

I, _____ request Southern Missouri Bank of Marshfield to temporarily increase my signature based debit card withdrawal limit to \$ _____. I understand that the amount I can withdraw is still limited to the funds currently in my account and that the limit will reset back to the default of \$200 on _____ (date).

I understand and agree to the added liability and potential loss that these changes may cause on my account. ____ (Initial)

Signature

Date

Requested date for increase: _____

Requested date return to default: _____

For Southern Missouri Bank of Marshfield's use only:	
Limit Increase - Date Completed _____	_____ Employee Initials
Default Limit – Date Completed _____	_____ Employee Initials