

CREDIT INFORMATION CORPORATION  
BILLING AND COLLECTION  
  
ACTION REQUEST FORM

DATE:  
NAME OF ACCESSING ENTITY: **Holy Cross Savings and Credit Cooperative**  
ACCOUNT NUMBER: **152001000221**

TYPE OF REQUEST

☐

 Increase/Decrease in Access Limit from: \_\_\_\_\_ to: \_\_\_\_\_  

☐

 Increase/Decrease in Advance Payment from: \_\_\_\_\_ to: \_\_\_\_\_  

☐

 Reactivation  

☐

 Deactivation  

☐

 Reconciliation of Account  

☐

 Billing Dispute  

☐

 Update of Billing and Collection Point Person (BCPP)  

Name:

E-mail Address:

Telephone No.

☐

 Other Concern(s):

Requested By:

FOR CIC'S USE ONLY

Processed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved ☐ Disapproved ☐  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

Remarks: