



The United Methodist Credit Union Business VISA Credit Account Instructions

THIS FORM CONTAINS THESE ELEMENTS:

1. VISA Application - Complete the Applicant portion as indicated. Fill in the church/agency name and the Trustee and Finance Chairpersons signatures are required in the two spaces provided.
2. VISA Resolution - Fill in the church/agency name. The trustee and finance chairpersons signatures are required at the bottom.
3. Business Credit Card Agreement - Print and retain for you records.
4. Church/Agency Sponsored Credit Card Agreement and Release - This is an optional form and for your records only. It can be used as an agreement between the church/agency and cardholder

PLEASE RETURN THESE ITEMS TO TUMCU:

1. VISA Application
2. VISA Resolution Form
3. Copy of charge conference showing your elected Trustee Chair
4. Copy of the Year-end Treasurer's Report, balance sheet and income and expenses, and current budget

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Applicant (check one) ☐ Church ☐ Agency (United Methodist Organization)

Name of Organization	Tax ID No.	Phone No.
Mailing Address	City	State & Zip

Requirement: Attach copies of year end Treasurer's Report, Current Financial Statement and Budget

All information appearing in this application for a credit card(s) is true and correct. We understand this application shall remain the property of the The United Methodist Credit Union (TUMCU). We agree to be fully responsible for all obligations under the terms and conditions of the attached The United Methodist Credit Union VISA Business Credit Card Agreement. A VISA resolution is located on the reverse side and approval by the church/ agency(signature(s) is required.

Organization

Print Name of Trustee	Signature	Date
Print Name of Finance Chair	Signature	Date

INTEREST RATE AND INTEREST CHARGES FOR CREDIT CARDS

Annual Percentage Rates (APR)* for Purchases, Cash Advance & Balance Transfers	APR will be based on your credit history and other factors. 7.99%
How To Avoid Paying Interest On Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on Balance Transfers on the transaction date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card visit the web site of the Federal Reserve at: http://www.consumerfinance.gov/learnmore

FEES

Annual Fee	None
Transaction Fees: ~ Balance Transfers ~ Foreign Transaction	None 1% for all transactions
Other Fees: ~ Late Payment ~ Insufficient Fund(s) Fee ~ Card Replacement ~ Statement/Merchant Copy	5% of monthly payment once payment is 10 days past due \$25 \$15 \$5

How We Will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)." See the account agreement for more details.
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in the account agreement.

The United Methodist Credit Union VISA Cards are subject to credit approval.

For Credit Union Use Only	TUMCU Account # _____
Visa Credit Limit \$ _____	Approved by: _____ Date: _____

RESOLUTIONS AUTHORIZING THE UNITED METHODIST CREDIT UNION VISA CHARGE CARD.

WHEREAS, it is in the best interest of this Church/Agency to establish a VISA Charge Card Account with the The United Methodist Credit Union (TUMCU) under which certain designated agents and employees of this Church will be authorized to obtain credit for the purchase of goods and services.

WHEREAS, TUMCU is willing to establish such an Account in the name of the Cardholder and this Church/Agency upon the terms and conditions of its VISA Charge Card Application and Agreement.

NOW, THEREFORE, RESOLVED that the following named officers or employees or agents of this Church/Agency are hereby authorized for and on behalf and in the name of this Church/Agency to execute and deliver to TUMCU an application for a VISA Charge Account pursuant to which the Cardholder and this Church/Agency shall become obligated to repay together with TUMCU's current applicable service charges therefore or for the benefit of any person presenting a charge card bearing this Church/Agency's and/or the Cardholder's name and account number.

FUTHER RESOLVED that the Trustee Chair, an officer of this Church/Agency be and hereby is duly authorized for and on behalf and in the name of this Church/Agency to establish and issue charge cards bearing the name(s) and account number(s) of the Cardholders, or to thereafter terminate the use of the same, as designated by him/her in writing by mail, fax or securely via electronic access to TUMCU from time to time.

FUTHER RESOLVED that these Resolutions shall in full force and effect until subsequent Resolutions of this Church/Agency superseding them shall have been duly certified and delivered in writing to TUMCU I hereby certify that I am duly elected, qualified and acting Trustee Chair and authorizer of debt for _____, a Church/Agency organized and existing and in good standing under the laws of your home state; that the foregoing is a true and correct copy of Resolutions duly adopted by the Board of Directors of the Church/Agency, in accordance with law and the by-laws of the Church/Agency, and that such Resolutions are now in full-force and effect without modification, and are duly recorded in the minute book of the Church/Agency.

IN WITNESS WHEREOF, I have affixed my name in my official capacity as Finance/Chair of Administrative Board/Council this _____ day of _____, Year _____.

FINANCE CHAIR

Printed Name

Email: _____

Signature

Phone: (H) _____ (W) _____ (C) _____

TRUSTEE CHAIR

Printed Name

Email: _____

Signature

Phone: (H) _____ (W) _____ (C) _____

Church/Agency Sponsored Credit Card Agreement and Release

FOR YOUR RECORDS ONLY

This is an optional form and can be used as an agreement between the church/agency and the cardholder. It is recommended so that both the church/agency and the cardholder understand the type of charges that are acceptable.

I, _____ (Cardholder), Social Security # _____

in consideration of _____ (Church/Agency)
arranging for a financial institution to issue a VISA credit card in my name, do hereby agree to the following terms and conditions.

1. The card will be used exclusively for business purposes with a credit limit not exceeding \$ _____.
The (Church/Agency) reserves the right in its sole discretion to terminate the credit card at any time and any personal use will result in revocation of the card and will subject me to disciplinary action up to and including termination of employment.
2. I will exercise due caution in the use and security of my card. In the event my card is lost or stolen, I will immediately notify the issuing financial institution and _____ (Church/Agency).
I understand that I will be issued a replacement card as soon as administratively possible and that this agreement and release applies to any replacement or reissued cards received by me.
3. I agree to submit to _____ (Church/Agency) for approval all original receipts along with the billing statements for company card charges. I understand that payment for these charges are remitted by me and/or the (Church/Agency), as guarantor thereof, directly to the issuing institution and that I will need to submit the original receipts for the accounting records.
4. Upon termination of my employment from _____ (Church/Agency),
I will return the card immediately and agree that prior to such termination, I will pay in full upon demand, all outstanding personal charges due, if any, on the credit card account. I further agree and understand that any unsettled outstanding personal charges will be deducted from my final payment.

Further, I hereby release _____ (Church/Agency) from any and all liability from my misuse of the card, and agree and understand that the (Church/Agency) may recover from me any loss due to my misuse of, or unauthorized purchases with, the card including interest, service charges or attorney's fees and other legal fees necessary to do so.

Witness the following signature:

Date: _____

Witness _____

Date: _____

Title _____