

**If you are applying for credit in your name only, do not complete the portion for co-applicant.**

Applicant Name (Last - First- Middle)			Co- Applicant Name (Last - First- Middle)		
Home Address (Street & Number)		How long?	Home Address (Street & Number)		How long?
City, State, Zip		<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent Monthly Payment \$	City, State, Zip		<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent Monthly Payment \$
Home Phone	Birth Date	Social Security Number		Home Phone	Birth Date
Email Address		Cell Phone		Email Address	
Employer		Position	How long?	Employer	
Business Phone		Gross Monthly Salary	Other Income*	Business Phone	

\*Alimony, child support and separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this debt.

Name of nearest relative not living with you		Phone
Address		City/State Zip

Are you a co-maker, endorser or guarantor on any other loan or contract?  Yes  No If "Yes" for whom? \_\_\_\_\_ To Whom \_\_\_\_\_

Other Obligations—( Liability to pay alimony, support, separate maintenance. Use separate sheet if necessary)

Have you ever had a car or other personal property repossessed by a dealer of finance company, filed for bankruptcy, or been a party to a wage assignment or collection suit, or have you ever been declined a loan application to this credit union?  Yes  No  
If your answer to any part of this question is "yes", please give details.

If another person will be jointly liable on this account or if you reside in a community property state; complete the following:  Married  Separated  Unmarried

This statement is submitted to obtain credit and I(we) certify that all information herein is true and complete. I(We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my(our) credit standing. If this application is approved and a credit card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the credit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the VISA agreement which will be furnished to me(us). I(We) agree to pay the credit union all reasonable costs credit union incurs to collect debts incurred under my(our)Visa agreement with credit union, or realize on any security, including reasonable attorneys' fees, court costs and collection agency fees to the extent allowed by applicable laws or regulations. I(We) understand that a contingent or hourly fee arrangement may be established under an agreement entered into by credit union with any attorney and /or collection agency to collect debts incurred under my(our) VISA agreement if it is in default and I(we) hereby agree that any such fee arrangement is reasonable. This provision also shall apply if I(we) file a petition or any other claim for relief under any bankruptcy rule of law of the United States, or if such petition or other claim for relief is filed against me(us) by another.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X _____	_____	X _____	_____

**Balance Transfer Form**

To transfer your credit balances, or pay them off, just fill in the details below. We'll send a check to the card issuers listed, and a letter to you confirming the amount paid.\*

NAME OF CARD ISSUER	ACCOUNT NUMBER	PAYMENT ADDRESS OF CARD ISSUER
PHONE NUMBER OF CARD ISSUER	BALANCE TO TRANSFER \$	List additional card issuers on a separate sheet of paper

\*Balance transfers take about 4 weeks to complete. Please continue to make payments on your other credit cards until the credit union notifies you that the balances have been transferred. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). The credit union is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your account credit line. The credit union reserves the right to refuse any balance transfer requests.

I/we the undersigned authorize The United Methodist Credit Union to pay off the amounts specified above and apply those amounts to my Virginia United Methodist Credit Union credit card account.

X \_\_\_\_\_ Applicant's Signature X \_\_\_\_\_ Co-Applicant's Signature

**Pledge of Shares:** By signing below, you pledge to us and grant us a security interest in all of your shareholdings with us including paid shares and future payments on shares, to secure your credit card account with us. You authorize us to apply these shareholdings to pay any amounts due on the account or under this agreement if you should default.

X \_\_\_\_\_ Applicant's Signature X \_\_\_\_\_ Co-Applicant's Signature

# Reward Visa Card Application



## INTEREST RATE AND INTEREST CHARGES FOR CREDIT CARDS

<b>Annual Percentage Rates (APR)*</b> for Purchases, Cash Advance & Balance Transfers	APR will be based on your credit history and other factors. <b>8.99% - 16.99%</b>
<b>How To Avoid Paying Interest On Purchases</b>	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 Cash Advances and Balance Transfers on the transaction date.
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	To learn more about factors to consider when applying for or using a credit card visit the web site of the Consumer Financial Protection Bureau at: <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>

## FEES

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

**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.

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

FOR CREDIT UNION USE ONLY	Credit Limit: _____	Approved	Rejected	Date _____
Visa Account No. _____		Reason _____		
Additional Cards _____				
Additional Cards _____		Loan Officer		