

APPLICATION FOR ALL CREDIT
Except Real Estate Loans



Home Office
 2154 Forest Ln
 PO Box 469046
 Garland, TX 75046-9046

Phone: 972-494-5328
 800-543-2811
 Fax: 972-494-5350
 877-543-4599

Reviewed by Loan Officer _____ Date _____

DATE	APPLICANT MEMBER NO.	
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SEE REVERSE SIDE FOR IMPORTANT DISCLOSURES CONCERNING RATE, FEE, AND OTHER COST INFORMATION CONCERNING THE CARDS.

Collateral Secured
 VISA Classic Credit Card
 VISA Gold Credit Card
 Line of Credit
 Other

Purpose of Loan _____ Requested Amount \$ _____

Collateral Offered _____ Owned By _____

MARRIED APPLICANTS MAY APPLY FOR INDIVIDUAL ACCOUNTS. INDICATE BELOW THE TYPE OF CREDIT WANTED

INDIVIDUAL CREDIT
 INDIVIDUAL CREDIT WITH CO-SIGNER/GUARANTOR
 JOINT CREDIT →

You intend to apply for joint credit.

Applicant
 Signature _____

Co-Applicant
 Signature _____

Complete if you live in a community property state (AK, AZ, CA, LA, ID, NM, NV, PR, TX, WA, WI).

Applicant:
 MARRIED
 SEPARATED
 UNMARRIED (INCLUDE SINGLE, DIVORCED, WIDOWED)

Co-Applicant/Co-Signer:
 MARRIED
 SEPARATED
 UNMARRIED (INCLUDE SINGLE, DIVORCED, WIDOWED)

APPLICANT:
 CO-APPLICANT/ JOINT CREDIT
 COSIGNER/GUARANTOR

MEMBER NUMBER	SOCIAL SECURITY NUMBER	MEMBER NUMBER	SOCIAL SECURITY NUMBER
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH RELATIVES <input type="checkbox"/> OTHER		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH RELATIVES <input type="checkbox"/> OTHER	
RESIDENCE SINCE		RESIDENCE SINCE	
MONTHLY PAYMENT \$		MONTHLY PAYMENT \$	
PREVIOUS RESIDENCE (If less than 2 years at current address)		PREVIOUS RESIDENCE (If less than 2 years at current address)	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DATE OF BIRTH	# IN FAMILY	AGES	
DRIVER LICENSE NO.	STATE		

EMPLOYMENT AND INCOME Attach current paystub. If self employed, attach financial statement and income tax return for past two years.

CURRENT EMPLOYER	HIRE DATE	CURRENT EMPLOYER	HIRE DATE
ADDRESS	WORK PHONE NUMBER	ADDRESS	WORK PHONE NUMBER
JOB TITLE	<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Leave <input type="checkbox"/> Disabled <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired	JOB TITLE	<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On Leave <input type="checkbox"/> Disabled <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired
MONTHLY GROSS INCOME \$	SUPERVISOR NAME	MONTHLY GROSS INCOME \$	SUPERVISOR NAME
FORMER EMPLOYER - Name/Address/Phone (If less than 2 years at current employment)	YEARS	FORMER EMPLOYER - Name/Address/Phone (If less than 2 years at current employment)	YEARS

Other Income You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCES OF OTHER INCOME	PHONE NO.	MONTHLY INCOME	SOURCES OF OTHER INCOME	PHONE NO.	MONTHLY INCOME

RELATIVE

NAME/ADDRESS/PHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	NAME/ADDRESS/PHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP

CREDIT INFORMATION BE SURE TO LIST ALL OPEN ACCOUNTS WITH OR WITHOUT A BALANCE - ATTACH SEPARATE SHEET IF NECESSARY
 A = APPLICANT C = CO-APPLICANT/CO-SIGNER

CHECK A	C	TYPE	LENDERS (OR OTHER OBLIGATIONS) NAME LIST ALL OTHER CREDIT UNIONS AND BANKS	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENTS
		<input type="checkbox"/> MORT <input type="checkbox"/> RENTAL				

Please answer the following questions. If a yes answer is given, explain on attached sheet.

Please indicate A = Applicant C = Co-Applicant	A		C			A		C	
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have you ever filed a petition for bankruptcy? Date: _____					5. Have you ever had credit in any other name? What Name?				
2. Have you ever had any auto, furniture or property repossessed? Date: _____					6. Have you any suits pending, judgments filed, alimony or support awards against you? If "Yes" what state(s)?				
3. Do you have any past due bills?					7. Are you other than a United States citizen or resident alien?				
4. Are you a co-maker or co-signer on any loan or lease? For Whom? Where?					8. Are you obligated to pay child support or alimony? Monthly Amount \$ _____				

An application for Credit Insurance Coverage is furnished separately. Your loan officer has details.

You agree that everything stated in this application, whether oral, written, or through a FAX machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness and employment history to obtain a credit report and to answer questions about their credit history with you. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report about you. You understand that any false or misleading statements in your application may cause any loan to be in default. Whether or not this Loan Application is approved, you agree that it shall be the Credit Union's property and if approved shall be subject to periodic review or termination at the discretion of the Credit Union. This application will be used for the loan applied for and may also be used for future loan request subject to verification of certain information. If you applied and are approved for a credit card, by signing below, using, or permitting another to use the credit card(s), you agree that you will be bound by the card agreement accompanying the credit card(s).

As security for any loan advance to you or on your behalf, under the Funds Advance Voucher, Security Agreement and the Credit Card Agreement and Disclosure Statement for your VISA Account, you grant the Credit Union a Security Interest in all individual and joint share or other accounts you have with the Credit Union now and in the future. When you are in default you authorize the Credit Union to take that money and apply it to what you owe. Shares and deposits that would have an adverse tax consequence if pledged as security are not subject to this Security Interest.
 NOTICE: You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Agreement, and you further understand that any changes in this address must be submitted to us in writing to be effective.
 The USA Patriot Act requires that we obtain, verify, and record information that identifies each person who opens an account.

APPLICANT SIGNATURE _____ DATE _____ CO-APPLICANT CO-SIGNER SIGNATURE (check one) _____ DATE _____

IF YOU ARE APPLYING FOR A CREDIT CARD, THE FOLLOWING IS YOUR REQUIRED DISCLOSURE INFORMATION

ANNUAL PERCENTAGE RATE for Purchases	Visa Classic 14.90%	Visa Gold 11.90%
ANNUAL PERCENTAGE RATE for Balance Transfers	Visa Classic 14.90%	Visa Gold 11.90%
ANNUAL PERCENTAGE RATE for Cash Advances	Visa Classic 14.90%	Visa Gold 11.90%
How to Avoid Paying Interest on Payments	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.	
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 website of the Consumer Financial Protection Bureau at: http://www.consumerfinance.gov/learnmore	
Set-up And Maintenance Fees Annual Fee	None None	
Foreign Transaction Fee	Up to 1% of each transaction in U.S. dollars	
Penalty Fees, Late Payment Returned Payment	Up to \$20.00 if minimum payment not made within 10 days of payment due date Up to \$25.00	

How We Will Calculate Your Balance: We use a method called *Average Daily Balance (including new purchases)*. See your account agreement for more details.
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your Account agreement.
 The information about the cost of the card described in the application is accurate as of 01/01/2013. After that date, to find out what may have changed, contact us at (800) 543-2811.

ScoreCard sm CashBack Table		
Yearly Purchases		CashBack Bonus
Over \$0	Up to \$1,000	0.25%
\$1,000	\$2,000	0.50%
\$2,000	\$3,000	0.75%
\$3,000		1.00%

*Cash advances are not subject to CashBack bonuses and will not be calculated into your yearly total.

REQUEST FOR ADDITIONAL VISA Spouse Other Party
 Please issue one (1) additional Visa Card to (Name) _____
 Address _____ SSN _____ DOB _____

CREDIT LIFE: Visa Loans are eligible for Credit Life Insurance coverage. If you choose to take this voluntary insurance, premiums will be added to your Visa account. Coverage will not be applicable unless you sign a separate insurance disclosure.
 I want Credit Life Insurance Yes No Joint Life Insurance Yes No

OVERDRAFT AVOIDANCE SYSTEM OPTIONS: Choose one if you have America's CU Checking Savings Visa* Line of Credit*
 Yes No First Second Third
 Yes No First Second Third
 Check "Yes" or "No" to elect whether or not you want the account accessed for overdraft avoidance. If "Yes," check "First," "Second," or "Third" to elect the order in which you want your accounts accessed. If you do not make an election, we will access savings first, Visa second and line of credit third. *Visa and/or line of credit protection is available upon application and qualification under normal ACU credit guidelines.