

U. of P. Federal Credit Union Visa Application

PLEASE COMPLETE THIS FORM. PRINT CLEARLY IN INK.
PLEASE ATTACH LATEST PAYSTUB.

Amount request \$ _____

Do you wish to transfer balances? Yes No

NAME FIRST M.I.

LAST JR SR

DATE OF BIRTH SOCIAL SECURITY #

MOTHER'S MAIDEN NAME

COMPLETE STREET ADDRESS APT.

CITY STATE ZIP

HOME PHONE # ()

YRS AT THIS ADDRESS OWN RENT

MONTHLY RENT OR MORTGAGE PAYMENT

PREVIOUS ADDRESS (If at current address less than 3 yrs.) YRS THERE

CITY STATE ZIP

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

THIS RELATIVE'S ADDRESS

THEIR PHONE # ()

EMPLOYER YRS THERE

COMPLETE STREET ADDRESS

CITY STATE ZIP

BUSINESS PHONE # () POSITION

PREV. EMPLOYER (If at current job less than 2 yrs.) YRS THERE

ARE YOU A U.S. CITIZEN? Yes No

You need not include alimony, child support, or separate maintenance income if you do not want such income to be considered.

ANNUAL SALARY OTHER INCOME (include retirement benefits, interest, dividends)

\$ _____ \$ _____

SOURCES OF OTHER INCOME

Are you interested in Credit Life Insurance? No Yes

Complete this section only if another person is applying with you for a joint account.

FIRST NAME M.I. LAST

COMPLETE STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH SOCIAL SECURITY #

You need not include alimony, child support, or separate maintenance income if you do not want such income to be considered.

EMPLOYER YRS THERE

ANNUAL SALARY OTHER INCOME (include retirement benefits, interest, dividends)

\$ _____ \$ _____

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 accompanying the Credit Card(s) and all amendments. You understand that if you use the card or authorize its use the VISA Credit Card Agreement sent to you with the credit card will be binding on you.

X

Applicant's Signature Date

X

Joint Applicant's Signature Date

FOR OFFICE USE ONLY

Corp	Acct/BIN	Prod/Sub-Prod	Type Proc
CE			
Card Type	Nm1 # Cd	Nm2 # Cd	Nm3 # Cd
V1			
BILL CODE	CrAssoNm1	CrAssoNm2	CrAssoNm3
GRCGR1			
Inst ID	CLife	AFee (CdFee1)	Bill Day
		—	7
Appr Cr Lmt	Src Cd	Date	F1 Apprvl