

- New Application
- Change Request
- Visa Platinum with Rewards
- Visa Platinum without Rewards



Credit Card Application

A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, call us toll free at 800-634-9239.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

- Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI);
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
- Joint Credit:** Each Applicant must **individually** complete appropriate section below. If Co-Borrower is spouse of the applicant, mark the Co-Applicant box.
- Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

Credit Limit Requested \$ _____

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

APPLICANT	
NAME	
ACCOUNT NUMBER	PASSWORD
BIRTH DATE	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE	EMAIL ADDRESS
HOME PHONE	CELL PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO:	
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$ NO. OF DEPENDENTS & AGE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME \$ _____ Per _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME \$ _____ Per _____ SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE _____ ENDING DATE _____
REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
	RELATIONSHIP _____ HOME PHONE _____

OTHER		<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> GUARANTOR
NAME				
ACCOUNT NUMBER		PASSWORD		
BIRTH DATE		SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER/STATE		EMAIL ADDRESS		
HOME PHONE		CELL PHONE BUSINESS PHONE/EXT.		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE		
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE		
MORTGAGE/RENT OWED TO:				
MORTGAGE BALANCE \$		MONTHLY PAYMENT \$		NO. OF DEPENDENTS & AGE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)				
EMPLOYMENT/INCOME				
NAME AND ADDRESS OF EMPLOYER				
TITLE/GRADE		START DATE		HOURS AT WORK
SUPERVISOR'S NAME		IF SELF EMPLOYED, TYPE OF BUSINESS		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				
EMPLOYMENT INCOME \$ _____ Per _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS		OTHER INCOME \$ _____ Per _____ SOURCE		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____				
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		STARTING DATE _____		ENDING DATE _____
REFERENCE				
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				
		RELATIONSHIP _____ HOME PHONE _____		

OTHER DISCLOSURES

Late Payment Fee

or the amount of the required minimum payment, whichever is less. In the event you fail to make a payment on time in any of the six (6) billing cycles following the violation, you will be charged or the amount of the required minimum payment, whichever is less.

Returned Payment Fee

or the amount of the required minimum payment, whichever is less. In the event a payment is returned in any of the six (6) billing cycles following the violation, you will be charged or the amount of the required minimum payment, whichever is less.

Statement Copy Fee

Emergency Card Replacement Fee

Card Replacement Fee

first occurrence

subsequent occurrences

Expedited Card Fee

Sales Draft Copy Fee