

VISA CREDIT CARD APPLICATION

Please check one:
 New application
 Add Joint Applicant
 Increase Credit Limit

Card Limit Requested \$ _____

Member No. _____

Please attach copies of your two most recent pay stubs or W2 Form or Schedule C, if self employed.

APPLICATION

NAME (FIRST-MIDDLE-LAST JR/SR.)		
HOME ADDRESS (STREET & NO.)	(APT. NO.)	HOW LONG? YRS: MOS:
CITY-STATE-ZIP+4		
PREVIOUS HOME ADDRESS (INCLUDE CITY, STATE, & ZIP)		HOW LONG?
HOME PHONE NO. ()	BIRTH DATE	AGES OF DEPENDANTS
SOCIAL SECURITY NO.	DRIVERS LICENSE NO. AND STATE	
BUSINESS PHONE NO.	GROSS MO. INCOME PROVIDE PAY STUBS	POSITION
EMPLOYER & BUSINESS ADDRESS		TIME EMPLOYED YRS: MOS:
IF LESS THAN 2 YRS., PREVIOUS EMPLOYER AND ADDRESS		YRS: MOS:
NAME AND ADDRESS OF BANK		
<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE <input type="checkbox"/> LIVE W/ RELATIVE MONTHLY PAYMENT		

ADDITIONAL INCOME You are not required to disclose income from alimony, child support or separate maintenance unless you want it considered in connection with this application.

SOURCE:	MONTHLY AMOUNT:

STATEMENT OF TOTAL INDEBTEDNESS
(LIST EVERYTHING - ATTACH OTHER SHEETS IF NECESSARY)

	TO WHOM OWED & ADDRESS	PRESENT BALANCE	MONTHLY PAYMENT
AUTO LOAN			
OTHER LOAN			
CREDIT CARD			
ALIMONY OR CHILD SUPPORT			
OTHER			

ARE YOU A CO-MAKER ON ANY LOANS? YES NO
 HOW MUCH? FOR WHOM? MONTHLY PAYMENT

HAVE YOU EVER BEEN DECLARED BANKRUPT OR FILE A PETITION FOR CHAPTER 13 IN THE LAST 10 YEARS?
 YES (ATTACH EXPLANATION) NO

HAVE YOU ANY OUTSTANDING JUDGEMENTS?
 YES (ATTACH EXPLANATION) NO

ARE YOU AUTHORIZING ANYONE ELSE TO USE YOUR CREDIT CARD? YES NO HOW MANY CARDS WOULD YOU LIKE TO HAVE?
 IF SO, WHO? 1. _____
 2. _____
 3. _____

CO-APPLICANT SPOUSE

NAME (FIRST-MIDDLE-LAST JR/SR.)		
HOME ADDRESS (STREET & NO.)	(APT. NO.)	HOW LONG? YRS: MOS:
CITY-STATE-ZIP+4		
PREVIOUS HOME ADDRESS (INCLUDE CITY, STATE, & ZIP)		HOW LONG?
HOME PHONE NO. ()	BIRTH DATE	AGES OF DEPENDANTS
SOCIAL SECURITY NO.	DRIVERS LICENSE NO. AND STATE	
BUSINESS PHONE NO.	GROSS MO. INCOME PROVIDE PAY STUBS	POSITION
EMPLOYER & BUSINESS ADDRESS		TIME EMPLOYED YRS: MOS:
IF LESS THAN 2 YRS., PREVIOUS EMPLOYER AND ADDRESS		YRS: MOS:
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 YES (ATTACH EXPLANATION) NO

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 YES (ATTACH EXPLANATION) NO

SEE OTHER SIDE FOR INSURANCE AND CREDIT CARD CONSOLIDATION INFORMATION

This statement is submitted to obtain credit and I/we certify that all the 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 Visa Card(s) is issued, the undersigned applicant(s) by signing, using or permitting another to use the Visa card(s) agree(s) that applicant(s) will be bound by the terms and conditions of the cardholder agreement accompanying the Visa card(s) and all amendments. I/we hereby request that an additional credit card be issued to the person(s) named for my/our credit card account. Further, I/we acknowledge that the named person(s) have been authorized to access my/our credit card line of credit with Van Cortlandt Cooperative Federal Credit Union and confirm that I/we will be responsible for any obligations incurred through the use of the credit card by such person(s).
 Security Agreement: By signing this agreement you grant us the consensual security interest in all individual and joint accounts you have with the credit union now and in the future to secure all advances. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X _____	_____	X _____	_____
FOR CREDIT UNION USE ONLY.	APPROVED	REJECTED	DATE
X _____	X _____	X _____	_____
X _____	X _____	X _____	_____

Credit Union Payment Protection

Insures Your Family's Lifestyle at Low Cost To You! (Optional)

An untimely death, accident or sickness can turn your credit card balance into a financial burden for your family. **Credit Life Insurance** lessens that burden by paying off the insurable balance on your credit card if you die prior to age 75, or become permanently disabled prior to age 62. (Death benefit applies to members who are under age 70 at the time of VISA application.)

Temporary Disability Insurance

At Low Cost to You! (Optional)

If you become totally and continuously disabled for more than 30 days, **Credit Disability Insurance** will make minimum monthly payment on your credit card, beginning with the 31st day of disability.

The cost is 17.5 cents per \$100 of your monthly card balance, subject to change upon advance written notice. Your VISA Statement will show the cost of each month's insurance payment which will be automatically added to your bill. You have the right to stop this insurance by notifying the credit union in writing.

Enrollment Is Easy

For more information and an insurance Application form, simply contact a credit union officer or complete the check box below. The officer can give you a brief outline of this coverage.

Please Check One:

I am interested in additional information about credit disability insurance.

I am not interested in additional information about credit disability insurance.

Credit Card Consolidation Authorization (Optional)

Yes, I would like to consolidate my outstanding credit card balances as a purchase (as opposed to a cash advance) and repay my credit union VISA Credit Card at the low 9.9% A.P.R.

Creditor #1

Payment Address

Acct. # Exact
Balance

Creditor #2

Payment Address

Acct. # Exact
Balance

Creditor #3

Payment Address

Acct. # Exact
Balance

TOTAL

Attach additional information if required.

I have provided the information needed to credit card consolidation through my credit union VISA Credit Card. I understand this plan is treated as a purchase according to the terms as set forth in my VISA disclosure. If my consolidated balance (above) exceeds my VISA limit, please pay off my accounts in the order listed and notify me of which accounts cannot be paid in full.

Signature Date

Print Name

Member #

Automatic Payment (Optional)

By signing below, you voluntarily elect to have your monthly payment made by an automatic withdrawal from your Van Cortlandt Cooperative Federal Credit Union Share or Share Draft / Checking Account. The withdrawal will be made on the date your payment is due.

Check one: Share Account Share Draft Account

Check one: Minimum payment Payment in full

Signature Date

Annual Percentage Rate	Annual Fee	Minimum Finance Charge	Transaction Fee
9.9% for purchases; 11.9% for cash advances	NONE	NONE	NONE

Grace Period	Method of Computing the Balance
25 days on purchases if balance paid in full monthly. No grace period for cash advances.	Average Daily Balance Method (including current transactions)
	Late Fees
	Late payment Fee - \$20.00

Other Charges

Currently, a 1.0% fee is assessed on all international transactions when a currency conversion occurs. Effective 4/4/2008 the Visa currency conversion fee remains at 1.0%, however if Visa is not required to perform the currency conversion, there will be a fee of 0.8% on all international transactions.

3960B Hillman Avenue, Bronx, New York 10463

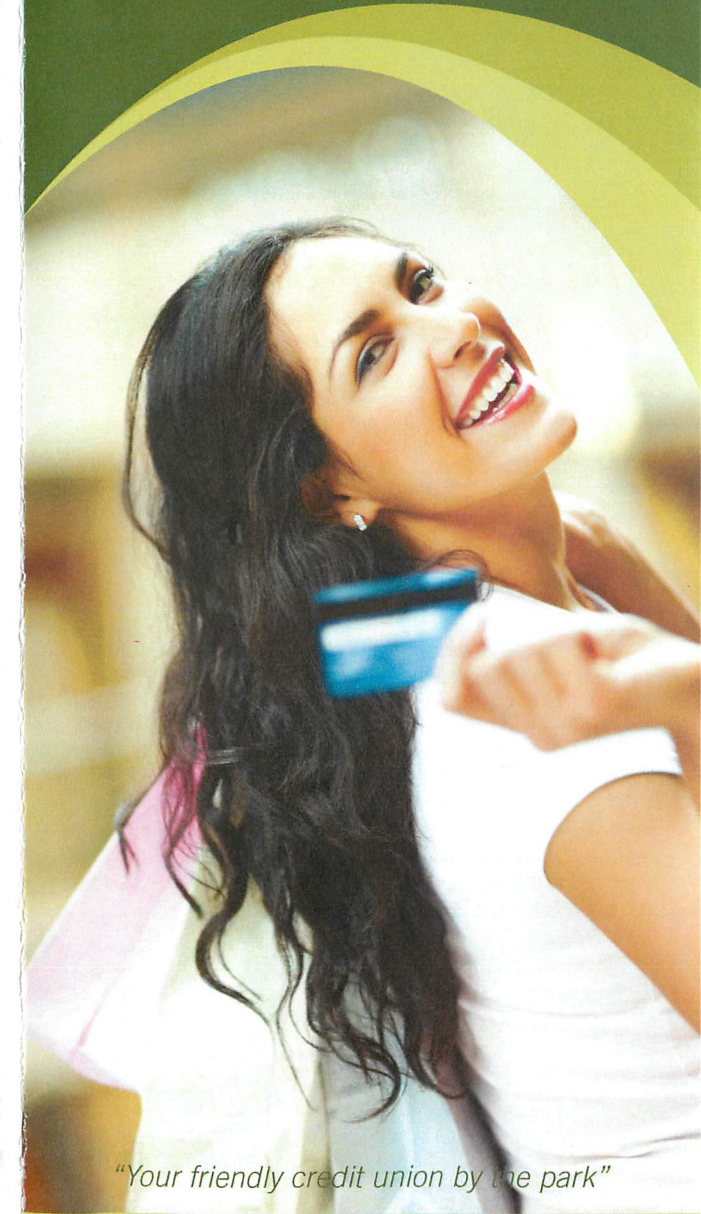
Phone 718.549.5858 | Fax 718.549.2921

Email CreditUnion@vccfcu.com



Visa Credit Card

Designed With You In Mind!



"Your friendly credit union by the park"

Van Cortlandt
Cooperative Federal Credit Union