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VISA Credit Card Application

Please check one: ☐ Joint
☐ Individual

| | |
|--|------------------------|
| Select one: | |
| <input type="checkbox"/> VISA PLATINUM Number of cards requested _____ \$ | Limit requested: _____ |
| <input type="checkbox"/> VISA GOLD Number of cards requested _____ \$ | Limit requested: _____ |
| <input type="checkbox"/> VISA CLASSIC Number of cards requested _____ \$ | Limit requested: _____ |
| <input type="checkbox"/> VISA SECURED Number of cards requested _____ \$ | Limit requested: _____ |

APPLICANT (please print) Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

| | | | |
|--------------------------------|-------------------|------------------|-----|
| MEMBER # | | | |
| FIRST NAME | MIDDLE INITIAL | LAST NAME | |
| HOME ADDRESS (STREET & NUMBER) | | | |
| CITY | | STATE | ZIP |
| HOME PHONE () | WORK PHONE () | YEARS AT ADDRESS | |
| SOCIAL SECURITY # | | DATE OF BIRTH | |

| | | |
|-------------------|-----------|--------|
| EMPLOYER/TITLE | | |
| DATE OF HIRE | | |
| MONTHLY INCOME \$ | | |
| PREVIOUS EMPLOYER | | |
| HOW LONG? | | |
| OTHER INCOME | AMOUNT \$ | SOURCE |

CO-APPLICANT Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

| | | | |
|--------------------------------|-------------------|------------------|-----|
| MEMBER # | | | |
| FIRST NAME | MIDDLE INITIAL | LAST NAME | |
| HOME ADDRESS (STREET & NUMBER) | | | |
| CITY | | STATE | ZIP |
| HOME PHONE () | WORK PHONE () | YEARS AT ADDRESS | |
| SOCIAL SECURITY # | | DATE OF BIRTH | |

| | | |
|-------------------|-----------|--------|
| EMPLOYER/TITLE | | |
| DATE OF HIRE | | |
| MONTHLY INCOME \$ | | |
| PREVIOUS EMPLOYER | | |
| HOW LONG? | | |
| OTHER INCOME | AMOUNT \$ | SOURCE |

DEBTS CHECK ONE: ☐ RENT ☐ OWN ☐ LIVE WITH PARENTS

| | | | |
|----------------------|---------------|------------------------|-----------------|
| RENT AMOUNT \$ | HOME VALUE \$ | MORTGAGE PMT \$ | MORTGAGE BAL \$ |
| AUTO YEAR/MAKE/MODEL | | LENDER | |
| AUTO LOAN BALANCE \$ | PAYMENT \$ | | |
| TOTAL OTHER DEBTS \$ | | TOTAL DEBT PAYMENTS \$ | |

CREDIT UNION USE ONLY

| | | | |
|-----------------------------------|-------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> PLATINUM | <input type="checkbox"/> GOLD | <input type="checkbox"/> CLASSIC | <input type="checkbox"/> SECURED |
| CREDIT LIMIT \$ | | | |
| <input type="checkbox"/> APPROVED | | <input type="checkbox"/> DENIED | |
| LOAN OFFICER | | DATE | |

| | |
|--|----|
| ADDITIONAL AUTHORIZED USER NAME(S): (must be 18 years of age or older) | |
| 1) | 2) |

Select a 4-digit PIN that will allow your credit card to be used at an ATM. No Q or Z, select all letters or all numbers.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the VISA Credit Card Agreement. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a credit card, by signing below, You grant and consent to a lien on Your shares with Us except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance. I/We further understand that if I/We do not qualify for the VISA Gold card minimum credit limit, I/We may be offered a VISA Classic credit card instead. I understand and acknowledge that when upgrading from a Gold card to a Platinum card, a portion of the total available Scorecard Points on my VISA Gold Card will be transferred to my new Platinum Preferred card and qualify for a 1% Cash Back reward.**

| | | | |
|---|------|-------------------------------|------|
| APPLICANT SIGNATURE | DATE | SPOUSE/CO APPLICANT SIGNATURE | DATE |
| VISA Share Secured Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account indicated below and for the amount specified below: | | | |
| Account Number | | Amount \$ | |

PLEASE NOTE: YOU MUST INCLUDE TWO COPIES OF YOUR MOST RECENT PAYROLL STATEMENTS OR OTHER INCOME VERIFICATION

Important Credit Card Disclosure

The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of the effective date shown below. You can call or write Us at the telephone number or address located on the back panel to inquire if any changes occurred since the effective date.

| VISA CARD | PLATINUM | GOLD | CLASSIC | SECURED |
|--|--|---------------|---------------|---------------|
| ANNUAL PERCENTAGE RATE | 11.88% | 12.96% | 14.88% | 17.90% |
| HOW TO AVOID PAYING INTEREST ON PURCHASES | Your due date is at least 25 days after the close of each billing cycle. We will not charge you any 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>

FEES

| VISA CARD | PLATINUM | GOLD | CLASSIC | SECURED |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| ANNUAL FEE | NONE | NONE | NONE | \$25 |
| TRANSACTION FEES FOR PURCHASE | NONE | NONE | NONE | NONE |
| LATE PAYMENT FEE (after 15 days past due) | \$20 | \$20 | \$20 | \$20 |
| OVER THE LIMIT FEE | NONE | NONE | NONE | NONE |
| OVER THE CREDIT LIMIT FEE | NONE | NONE | NONE | NONE |
| BALANCE TRANSFER FEE | NONE | NONE | NONE | NONE |
| VISA CURRENCY CONVERSION FEE | 1% OF TRANSACTION | 1% OF TRANSACTION | 1% OF TRANSACTION | 1% OF TRANSACTION |
| SINGLE CURRENCY INTERNATIONAL TRANSACTION FEE | 0.80% OF TRANSACTION | 0.80% OF TRANSACTION | 0.80% OF TRANSACTION | 0.80% OF TRANSACTION |

EFFECTIVE DATE

April 2010

HOW WE WILL CALCULATE YOUR BALANCE

Average daily balance method
(including new purchases)

Optional Credit Union payment protection

A death can turn your credit card balance into a financial burden for your family. Credit Life Insurance can lessen that burden by paying the insurable balance on your credit card if you die. Joint Credit Life is also available to insure the lives of you and a second card holder, who is jointly and equally responsible for payment of your credit card.

Only pennies a day

Your VISA statement will show the cost of each month's insurance payment and will be automatically added to your bill. All you do is write one check. No separate bills or payments are required. As long as you are under age 65, eligibility is guaranteed at time of VISA application.

Please check one:

- ☐ I am interested in additional information about credit insurance
- ☐ I am not interested

Optional Bill Consolidation Authorization

☐ Yes, I would like to consolidate my outstanding credit card balances as a purchase (as opposed to a cash advance) and transfer to my credit union VISA Credit Card.

Creditor #1

Payment address

Account #

Amount to transfer \$

Creditor #2

Payment address

Account #

Amount to transfer \$

Total \$

Attach additional information if required

I have provided the information needed for credit card consolidation through my credit union VISA Credit Card. I understand this plan is treated as a purchase according to the terms 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

Please print name

Member #

Automatic payment (option)

By signing below, you voluntarily elect to have your monthly payment made by an automatic withdrawal from your share draft checking account. The withdrawal will be made on the date your payment is due.

Please check one:

- ☐ Minimum payment ☐ Payment in full

Signature