

HOW TO APPLY: (a) Complete all Sections pursuant to the Notice to Applicants; (b) sign all applicable signature lines on page three (3); and (c) mail, bring, scan and email or fax the completed Application to the Credit Union.

CONSUMER VISA® CREDIT CARD LOAN APPLICATION

St Francis Federal Credit Union
 121 Sumner Street Greenville, SC 29601
 (864) 255 – 1660 Fax (864) 255 – 1699
www.stfranciscfu.org

Please review the disclosures and agreements provided with this Application. A borrower or co-borrower for a loan must be a member of St Francis Federal Credit Union. All information requested in this Application must be completed. Please print in ink or type.

A. NOTICE TO APPLICANTS: YOU MAY APPLY FOR CREDIT IN YOUR NAME ALONE REGARDLESS OF YOUR SEX OR MARITAL STATUS. Check the appropriate box below to indicate the type of credit for which you are applying.

Credit In Applicant's Name Alone. If you select this box, complete Sections A, B and D only. Complete Section C: (1) about your spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, or WI); (2) about your spouse if they will use the loan account(s) requested; or (3) about the person on whose alimony, support or maintenance payments, or income or assets your are relying if you are relying on such as the basis for repayment of the loan(s) requested.

Joint Credit. If you check this box complete all Sections of this Application.

B. TELL US ABOUT YOURSELF **CREDIT LIMIT REQUESTED: \$ _____**

First Name		Middle Initial	Last Name		eMail Address	
Home Address (Street Name and Number)			Apt. No.	<input type="checkbox"/> Live with parents/other <input type="checkbox"/> Own/Buying <input type="checkbox"/> Rent		Monthly Payment (Home/Rent) Date of Birth (MM/DD/YYYY)
City			State	Zip Code	Years at Address	
Cellular/Home Phone No.		Member Share Account #		Your Social Security Number		Number of People Living with You (include self) Driver's License No. and State
Primary Vehicle Year	Make	Model	Color	Mileage	VIN	
Name of Nearest Relative (Not Living With You):					Relationship	
Address (Street Name and Number)			City	State	Telephone Number	
Personal Reference (not a relative):					Relationship	
Address (Street Name and Number)			City	State	Telephone Number	
Complete for Joint Credit, Secured Credit or if you Live in a Community Property State: (Check One): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)						

ABOUT YOUR EMPLOYMENT - If self-employed, attach most recent 1040 Tax Form -- both sides.

Employer Name and Address (Street Name and No.)			City	State	Telephone Number
Job Title:		Length of Employment :		Monthly Employment Income:	
		Yrs.	Months	\$	<input type="checkbox"/> Gross <input type="checkbox"/> Net
*Additional Income:		Source		*INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
\$					

C. CO-APPLICANT INFORMATION: Please check the appropriate box: Co-Borrower Information Spouse Information Guarantor Information

First Name		Middle Initial	Last Name		Date of Birth
Home Address (Street Name and Number) IF DIFFERENT FROM APPLICANT			Apt. No.	<input type="checkbox"/> Live with parents/other <input type="checkbox"/> Own/Buying <input type="checkbox"/> Rent	
City			State	Zip Code	Years at Address
Home Phone No.		Member Share Account #		Your Social Security Number	
				Number of People Living with You Not Listed by Other Applicant (include self) Driver's License No.	
Employer Name and Address (Street Name and No.)			City	State	ZIP
Job Title:		Length of Employment:		Monthly Employment Income:	
		Yrs.	Mos	\$	<input type="checkbox"/> Gross <input type="checkbox"/> Net
*Additional Income:		Source		*INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
\$					

D. FINANCIAL AND CREDIT INFORMATION: (List all banks, dept. stores, finance companies. Include alimony/child support obligations. Attach an additional sheet, if needed.)				
Checking Account(s) Where: _____ Acct. # _____		Savings or Investment Account(s) Where: _____ Acct. # _____		
ASSETS		LIABILITIES AND MONTHLY PAYMENTS		
Describe Asset	Value	Type of Loan	Monthly Payment	Balance Overall
Primary Residence (Address)	\$ _____	Mortgage on Primary Residence (Name of Lender)	\$ _____	\$ _____
Other Real Estate (Address)	\$ _____	Second Mortgage or Home Equity (Name of Lender)	\$ _____	\$ _____
Stocks, Bonds, Cds, Cash	\$ _____	Automobile Loan (Name of Lender)	\$ _____	\$ _____
Pension Plan	\$ _____	Credit Card Balances (Name of Lender)	\$ _____	\$ _____
IRA/Keogh/401K	\$ _____	Dept. Store or other credit card (Name of Lender)	\$ _____	\$ _____
Other (vehicles, boats, RVs, etc)	\$ _____	Other Loans or other autos/boats/RV (Name of Lender)	\$ _____	\$ _____

Has any applicant ever filed a Bankruptcy? Yes No (If yes, attach additional sheet with explanation.)

Has any applicant ever defaulted on a loan obligation? Yes No (If yes, attach additional sheet with explanation.)

Is any applicant a defendant in any suits or legal actions? Yes No (If yes, attach additional sheet with explanation.)

Is any applicant a co-maker or guarantor for any other debts? Yes No (If yes, attach additional sheet with explanation.)

Has any applicant ever applied for credit under another name? Yes No (If yes, attach additional sheet with explanation.)

SIGNATURE OF APPLICANT(S) – READ CAREFULLY BEFORE SIGNING. PER YOUR MEMBERSHIP AGREEMENT YOU GIVE US A SECURITY INTEREST IN YOUR ACCOUNTS AND THE PROPERTY PURCHASED.

READ THIS STATEMENT BEFORE SIGNING. By returning this application to the Credit Union, I/we promise that everything stated herein is correct to the best of my/our knowledge and that the above information is a complete listing of my/our debts and obligations. I/we authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. I/we understand that the Credit Union will rely on both the representations I/we make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested. I/we agree to immediately notify you of changes to any of the information provided in this application. I/we agree that my/our account will be subject to the terms and conditions of all applicable Agreement and Disclosure Statement that will accompany my Card(s) when issued; and that a photocopy or facsimile of this application shall be as binding as the original.

By submitting this application by facsimile or electronically, I/we agree to the same terms that apply to a signed application. If there is a co-applicant on this loan, that co-applicant has authorized the submission of this application. This facsimile or electronic submission qualifies as my/our signature.

Applicant's Signature _____	Date _____	SECURITY AGREEMENT AND PLEDGE. By signing this application, acceptance or authorized use of any credit card(s) issued, I/we pledge our shares as defined by our Membership Agreement to secure payment of my/our obligations on this account. <u>Additional Security:</u> I/we understand that collateral securing other loans will secure this account; and that property purchased with my/our credit card(s) will also secure this account.
Co-Applicant's Signature _____	Date _____	

Credit Union Use ONLY

Approved By _____ Date _____

Denied Management Approval _____ (as needed) Date _____

Limit Approved \$ _____

ST FRANCIS FEDERAL CREDIT UNION

121 Sumner Street, Greenville, SC 29601
 Ph: (864) 255-1660 Fax: (864) 255-1699

CREDIT INSURANCE

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road
 Madison, WI 53701-0391
 Phone: 800.356.2644

CREDIT INSURANCE ENROLLMENT FORM AND SCHEDULE

"You" or "Your" means a person who is borrowing from the credit union. A co-signer is not eligible for coverage.

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you are eligible for the coverage and check "yes" below to select coverage and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only if you are working for wages or profit 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work only because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance if you are not older than the maximum age for insurance.
- You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you.

NOTE: THE INSURANCE CONTAINS CERTAIN BENEFIT MAXIMUMS, INCLUDING AN AGE MAXIMUM. THE INSURANCE ALSO CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION.

YOU ELECT THE FOLLOWING INSURANCE				COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	
Credit Disability For Borrower #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	Borrower #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	Single Credit Disability	
Credit Life For Borrower #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	Borrower #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	Joint Credit Disability	
				Single Credit Life	
				Joint Credit Life	

WAITING PERIOD: If you are totally disabled for more than _____ days, then the disability benefit will begin with the _____ day of disability.
 Borrower #1 Name _____ Borrower #2 Name _____

Borrower #1 Date of Birth		Borrower #2 Date of Birth		
Group Policy Number	Account Number	INSURANCE MAXIMUMS	DISABILITY	LIFE
		Maximum Monthly Total Disability Benefit	\$	N/A
		Maximum Insurable Balance Per Loan Account	\$	\$
Date of Issue of Certificate	Secondary Beneficiary (If you desire to name one)	Maximum Age for Insurance		
		Maximum Number of Monthly Disability Payments		N/A
		Age for Insurance Termination		

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT:

- * THE INSURANCE COVERAGE IS SUBJECT TO THE INSURANCE MAXIMUMS, INCLUDING THE AGE FOR INSURANCE TERMINATION, SHOWN ABOVE; AND
 - * YOU WANT THE COVERAGE(S) SELECTED, EVEN IF THE INSURANCE WILL TERMINATE DUE TO ONE OR MORE OF THESE MAXIMUMS BEFORE YOUR LOAN IS PAID OFF; AND
 - * YOU HAVE RECEIVED THE CERTIFICATE OF INSURANCE FOR THE COVERAGE(S) SELECTED.
- PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS OF YOUR COVERAGE.**

 SIGNATURE OF BORROWER 1 DATE

 SIGNATURE OF BORROWER 2 DATE

