



VISA APPLICATION

Applicant CLASSIC (\$500-\$5,000 max.) PLATINUM (\$2,500-\$25,000 max.) REWARDS (\$2,500-\$25,000 max.)

NAME (first, middle, last) CREDIT LIMIT REQUESTED

CFCU ACCOUNT NO. SOCIAL SECURITY NO. PASSWORD (for security purposes)

BIRTH DATE HOME PHONE BUSINESS PHONE EMAIL ADDRESS

PRESENT ADDRESS (street, city, state, ZIP — not a P.O. Box)

OWN RENT OTHER MONTHLY PAYMENT NO. OF YEARS THERE

PREVIOUS ADDRESS (if less than 5 yrs. at present address)

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER

POSITION YEARS THERE GROSS MONTHLY INCOME (please supply income verification)

OTHER INCOME Note: Alimony, child support, or separate maintenance need not be revealed if you do not choose to have it considered.

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU PHONE NUMBER

Co-Applicant Guarantor

NAME (first, middle, last) CFCU Acct. #

SOCIAL SECURITY NO. PASSWORD (for security purposes)

BIRTH DATE HOME PHONE BUSINESS PHONE EMAIL ADDRESS

ADDRESS (if different from Applicant)

NO. YEARS THERE MONTHLY RENT OR MORTGAGE (if different from Applicant) OTHER

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER AND POSITION NO. OF YEARS THERE

ANNUAL SALARY (please supply income verification)

ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? Applicant Co-Applicant/Guarantor
 yes no yes no

DO YOU HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER BEEN BANKRUPT? (if yes, please explain)
 yes no yes no

DO YOU HAVE A CFCU MORTGAGE OR DIRECT DEPOSIT TO A CFCU ACCOUNT?
 yes no

ANNUAL FEE WAIVER (ONLY APPLICABLE FOR CLASSIC)

Minimum Qualifications: 1. Annual Income must be at least \$5,000 for Classic Visa.
2. U.S. Citizen or permanent resident alien.
3. 21 years of age or provide a guarantor, or demonstrate independent means to repay debt.
4. Applicants must be CFCU members
Applicants who do not meet minimum qualifications may apply with an acceptable guarantor. Call CFCU at 607-257-8500 for details.

Credit Insurance Application

Terms: "You" or "Your" means the member and the joint insured (if applicable). Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurance of your choice. You can get this insurance only if you check the box below 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 CFCU in writing. Your signature below means:

- You agree to pay the charge for insurance shown below.
- You authorize the Credit Union to add the charges for insurance to your loan each month.
- You are eligible for insurance up to the Maximum Age for insurance.
- Special Note: Credit Life Insurance will not stop at age 70. However, you must be under age 70 to enroll for coverage.

COST DISCLOSURE:

- Credit Life rate per \$100 of the Cycle-End Balance is \$.060 for Single or \$.096 for Joint.
- Credit Disability rate per \$100 of the Cycle-End Balance is \$.177.

Must check coverage(s) desired:

- Single Credit Life Insurance
- Joint Credit Life Insurance
- Single Credit Disability Insurance (on Primary Applicant only)
- I decline coverage

For Credit Union Use Only			
<input type="checkbox"/> Classic	<input type="checkbox"/> Platinum	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Rewards
Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	<input type="checkbox"/> Credit Limit	_____
Counteroffer _____			
Reason(s) for Decline _____			
Signatures: _____			
_____			Date _____
_____			Date _____

X

Date of Birth	Signature of Member	Date
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X

Date of Birth	Signature of Joint Insured (only required if Joint Credit Life is selected)	Date
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Auto Deduct Option

- I (We) do not wish to enroll in the Auto Deduct Program.
- I (We) wish to enroll in the Auto Deduct Program and I (we) authorize CFCU Community Credit Union (CFCU) to withdraw the payments for my (our) VISA card account from our CFCU:
 - Share account (Savings)
 - Share draft account (Checking)
 Payment must come from same account under which VISA was opened.

X

Signature of Member	Date
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I (we) choose the following Auto Deduct payment plan:

- Fixed amount: \$ _____
- Minimum Payment
- Balance in full

X

Signature of Joint Insured	Date
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Classic VISA payment will be made on the 14th of each month. Platinum VISA payment will be made on the 22nd of each month. Reward VISA payment will be made on the 22nd of each month.

I (We) acknowledge I (we) will receive and read a copy of the Auto Deduct Disclosures and Description of Operation of the payment plans (sent to me under separate cover). I (We) agree to the terms and conditions as stated.

Balance Transfer Option

- I (We) am (are) interested in transferring balances from other credit cards to my (our) CFCU VISA. Please send me (us) information.

VISA Agreement (Please Sign)

I (We) agree to notify you in writing immediately if there are any important changes. I (We) also agree to notify you of any change in my (our) name, address or employment within a reasonable time thereafter. I (We) also promise that everything I (we) have stated in this application is correct to the best of my (our) knowledge. I (We) authorize the CFCU Community Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of credit received. If I (we) request, the Credit Union will tell me (us) the name and address of any credit bureau from which it received a credit report on me (us). I (We) understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Chartered Credit Unions insured by the NCUA.

I (We) understand that if this application is approved and CFCU VISA card(s) issued, I (we) the undersigned applicant, agree that by signing, using, or permitting another to use the VISA card(s), I (we) will be bound by the terms and conditions of the VISA Agreement and Disclosure Statement (sent under separate cover). I (We) also understand that CFCU reserves the right to amend these terms and conditions, with the proper notice as required by law, and that my (our) use of the card thereafter will indicate my (our) agreement to the amendments.

I (We) understand that if I (we) am (are) approved for an upgrade, my (our) existing VISA card account, if any, will be closed and the account balance transferred to my new card account.

X

Applicant Signature	Date
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X

Co-Applicant/Guarantor Signature	Date
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Please be sure to sign in all areas indicated.

SECURITY: By initialing below, I/we hereby grant to CFCU Community Credit Union, its successors and assigns (collectively, "CFCU"), a security interest in all funds now or hereafter deposited in CFCU accounts individually or jointly in my/our name, specifically including but not limited to the following accounts: _____. I understand that the security interest I am granting to CFCU in this Agreement also covers accounts that I may establish at CFCU in the future. I understand that the grant of the security interest to CFCU in these accounts is a condition for the approval of my CFCU Visa credit card application. Further I/we understand that CFCU may debit any of the above-specified accounts at any time in the event of a Default, as defined in Section 15 of the Account agreement. The security interest granted herein will, to the extent permitted by law, secure repayment of the full account balance of my/our CFCU Visa Card which is the subject of this application, together with accrued interest, late charges, CFCU's collection expenses including but not limited to court costs and reasonable attorney's fees. However, I/we understand that after the value of the security interest is applied to the Visa Card I/we are still obligated to pay CFCU for any remaining balance.

Borrower Initials

Co-Borrower Initials

Federally Insured by NCUA. New York residents may contact the New York State Department of Financial Services by telephone at (800) 342-3736 or visit its website at www.dfs.ny.gov for free information on comparative credit card rates, fees, and grace periods.