



**UNITED METHODIST
FEDERAL CREDIT UNION**
5405 East Arrow Highway Suite 104
Montclair, CA 91763-1664
1-800-245-0433 • Fax: (909) 981-7055



Express Application

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 the 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.

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

LOANLINER® Account/Loan: Individual Joint
 (Including ATM/Debit Card Access to the Account if Available)
 Amount Requested \$ _____
 Purpose/Collateral: _____

Credit Card Account: Individual Joint
 (See Disclosure Table or Agreement for Terms)
 Credit Limit Requested \$ _____
 If Authorized User, Name: _____

Payment Protection Single Credit Disability Insurance Single Credit Life Insurance Joint Credit Life Insurance
 Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Applicant **Co-Applicant** **Spouse** **Guarantor**

NAME (Last - First - Initial) _____ MOTHER'S MAIDEN NAME _____
 ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____
 DRIVER'S LICENSE NUMBER / STATE _____ E-MAIL ADDRESS _____
 BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/ EXT. _____
 PRESENT ADDRESS (Street - City - State - Zip) _____
 OWN RENT
 YEARS AT THIS ADDRESS _____
 MORTGAGE/RENT OWED TO: _____
 MORTGAGE BALANCE _____ MONTHLY PAYMENT _____ INTEREST RATE _____
 \$ _____ \$ _____ % _____

NAME (Last - First - Initial) _____ MOTHER'S MAIDEN NAME _____
 ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____
 DRIVER'S LICENSE NUMBER / STATE _____ E-MAIL ADDRESS _____
 BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/ EXT. _____
 PRESENT ADDRESS (Street - City - State - Zip) _____
 OWN RENT
 YEARS AT THIS ADDRESS _____
 MORTGAGE/RENT OWED TO: _____
 MORTGAGE BALANCE _____ MONTHLY PAYMENT _____ INTEREST RATE _____
 \$ _____ \$ _____ % _____

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

Employment/Income START DATE _____
 NAME AND ADDRESS OF EMPLOYER _____
 NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
 EMPLOYMENT INCOME _____ OTHER INCOME _____
 \$ _____ PER _____ \$ _____ PER _____
 NET GROSS SOURCE _____

Employment/Income START DATE _____
 NAME AND ADDRESS OF EMPLOYER _____
 NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
 EMPLOYMENT INCOME _____ OTHER INCOME _____
 \$ _____ PER _____ \$ _____ PER _____
 NET GROSS SOURCE _____

State Law Notices
OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.
WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a

copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.
 X
 SIGNATURE FOR WISCONSIN RESIDENTS ONLY _____ DATE _____

Signatures

1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. 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 NCUA.

2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. 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.

X (SEAL) _____
 APPLICANT'S SIGNATURE _____ DATE _____

X (SEAL) _____
 OTHER SIGNATURE _____ DATE _____

AGREEMENT

"You" and "Your" mean each and all of the applicants signing on the reverse.

1. You certify the accuracy of the information given in this application and you will notify the Credit Union in writing immediately if there is any change in your financial condition. It is a violation of Section 1014, Title 1B U.S. Code to make a false statement of overvalue security for the purpose of influencing the action of any federally insured Credit Union.
2. You authorize the Credit Union to gather whatever credit and employment information it considers appropriate from time to time (you understand that this will assist, for example, in determining your eligibility for renewal of credit and additional extensions of credit). You authorize the Credit Union to give information concerning your credit experience with us to others. You understand and agree that the Credit Union may retain this application and any other information the Credit Union may receive.
3. You agree that by using or authorizing another to use the Account you will be bound by the terms and conditions of the United Methodist Federal Credit Union Agreement entitled VISA Card Agreement and Federal Truth-In-Lending Disclosure Statement (which will be given to you if your application is approved and before the first transaction is made).

Credit Disclosures

Annual Percentage Rate For Purchases	Classic 15.4%	Student Classic 17.5%	Share Secured Classic 12.0%	Platinum 10.6%
Other APRs	Cash Advance APR and Balance Transfer APR			
	Classic 15.4%	Student Classic 17.5%	Share Secured Classic 12.0%	Platinum 10.6%
Grace Period for Repayment of Balance for Purchases	25 days			
Method of Computing the Balance for Purchases	Average Daily Balance (including new purchases)*			
Overlimit Charge	5% of overlimit amount — \$10.00 (min.) – \$20.00 (max.)			
Return Check Fee	\$25.00			
Late Payment Fee	5% of payment amount — \$10.00 (min.) – \$20.00 (max.)			
Foreign Transactions Fee	1% of transaction charged by card issuer			
Balance Transfer Fee	None			
Cash Advance Fee	None			

The above information is current as of 4-7-06 and is subject to change after that date. Please contact us at 5406 Arrow Highway, Suite 104, Montclair, CA 91763-1664 or (800) 245-0433, if you wish to ascertain changes, if any, to the Credit Union's VISA Program.