

Paducah Federal Credit Union

Visa Application and Agreement

Credit Union Account # _____

VISA Account # _____

New Visa Account or Increase in Line of Credit Credit Limit Request \$ _____
 Individual Account or Joint Account * With Authorized User Today's Date _____

In this Application and Agreement the words "I" or "my" mean each person who applies for a Visa Credit Card or who signs this Agreement or who uses the VISA Credit Card or duplicate VISA Credit Card. The words "you" or "your" mean the Paducah Federal Credit Union or its successors or assigns.

The word "account" means my VISA Credit Card revolving credit account with Paducah Federal Credit Union. The word "Card" means my VISA Credit Card and duplicates of said Card.

I hereby apply for a line of credit that I can use from time to time and which may be replenished by payments on amounts previously drawn. Signing this Application and Agreement establishes my request for the issuance of a Card.

Applicant (Please Print)

Name Birthdate Social Security # Home Phone

Home Address City State Zip Code How Long

Employer Address City State Zip Code How Long

Position or Title Gross Monthly Income Phone number & extension

Other income of applicant (alimony, child support, or separate maintenance income need not be revealed if I do not wish to have it considered as a basis for repaying this obligation) Amount per month
Source

Name and Address of nearest relative not living with me Relationship Phone

Name and Address of personal friend (not a relative) Phone

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

Name of Co-Applicant Birthdate Social Security # Relationship to Applicant

Home Address City State Zip Code How Long

Co-Applicant Employer Address City State Zip Code How Long

Position or Title Gross Monthly Income Phone number & extension

Other income of applicant (alimony, child support, or separate maintenance income need not be revealed if I do not wish to have it considered as a basis for repaying this obligation). Amount per month Source

Financial

Information

Indicate "yes" or "no" for these statements.

Applicant

Yes No

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

Other

Yes No

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

IF A "YES" ANSWER IS GIVEN TO A STATEMENT, EXPLAIN ON AN ATTACHED SHEET.

Do I have any outstanding judgments?

Have I ever filed bankruptcy or had a debt adjustment plan confirmed under Chapter 13?

I would like to pay off the following charge card(s) MasterCard VISA Other Balance(s) \$ _____
 Name and Address of institutions issuing card: _____

Debts

In addition to Rent/Mortgage list all other debts (auto loans, credit cards, second mortgages, alimony, child support, medical, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.

| Applicant | Co-Applicant | Creditors Name and Address | Account # | Present Balance | Monthly Payment |
|---------------|--|----------------------------|-----------|-----------------|-----------------|
| | <input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| TOTALS | | | | \$ | \$ |

Signatures

Please indicate share and share draft numbers and sign here.

Everything that I have stated in this Application and Agreement is correct to the best of my knowledge. I have stated all debts I owe. I understand that you will retain this Application and Agreement whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

I give you a security interest in all funds now or hereafter in my Share and Draft accounts associated with numbers _____ and I authorize you to apply any or all such funds to the payment of any amount ever in default on this account.

X _____
 Applicant Date

X _____
 Co-Applicant Date

PFCU use only

| |
|---|
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved By: _____ Amount \$ _____ Date _____ Comments/Reasons for rejection: _____ |
|---|

Please print and mail or fax this completed form to:

Paducah Federal Credit Union
 Attn: Visa Credit Card Application
 PO Box 426
 Paducah KY 42002-0426
 Fax (270) 443-6148

You may also complete application at any of our three locations. Upon approval, card and pin number will be mailed to you within 7 to 10 business days. For security purposes they will be mailed separately. You will need both the card and pin number when calling to activate the card.