



# Application for Visa Debit/Check Card & Line of Credit MEMBERS CREDIT UNION

Please Print and Attach Current Pay Stub For Applicant and Co-Applicant

Name (First, Middle, Last) \_\_\_\_\_ Date \_\_\_\_\_

MCU Account Number (if already a member) \_\_\_\_\_ Social Security No. \_\_\_\_\_

I/We hereby apply for a new Visa Debit/Check Card. Debit Cards are initially issued with a credit line of \$500.00. If you wish to apply for a higher credit line, indicate the amount desired \$ \_\_\_\_\_

I/We apply for an increase in my/our line of credit. Current credit limit \$ \_\_\_\_\_ Desired new credit limit \$ \_\_\_\_\_

**Joint Accounts.** Both members of a joint checking account must sign this form and forms 182 & 183 in order for a Debit Card to be issued to the joint applicant. If your account is joint, do you want an additional Debit Card issued in the name of the joint owner?  Yes  No If yes, give joint name as it is to appear on the card \_\_\_\_\_

What is the joint owner's relationship to you? \_\_\_\_\_

Please indicate how you would like overdrafts handled (check one below):

**Advances first from regular savings, then from line of credit.** I/We hereby authorize Members Credit Union to transfer, in \$25 increments, available funds from my credit union regular savings account to my credit union checking account to cover overdrafts. If there are not sufficient available funds in my/our savings account to cover the entire amount due, I/we authorize advances, in \$25 increments, from my/our debit line of credit to cover the amount due.

IMPORTANT: "Available Funds" are those funds which are not already committed to monthly loan payments, loan collateral, pre-authorized transfers to other accounts, and the \$25.00 minimum deposit requirement. In addition, in accordance with regulation D of the Federal Reserve, no more than six overdraft protection transfers per month will be permitted from a savings account to a checking account.

**Advances first from line of credit, then from regular savings.** I/We hereby authorize Members Credit Union to advance, in \$25 increments, funds from my/our debit line of credit to cover overdrafts. If no funds are available, then transfer funds, in \$25.00 increments, from my/our regular savings account.

## Applicant

Name (First - Middle - Last) \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Present Address (Street - City - State - Zip) \_\_\_\_\_

Own  Rent  With Relative Years at this address \_\_\_\_\_

Previous Address (Street - City - State - Zip) \_\_\_\_\_

Own  Rent Years at this address \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Title/Grade \_\_\_\_\_ Supervisor \_\_\_\_\_ Starting Date \_\_\_\_\_

If self-employed, type of business \_\_\_\_\_

If employed in current position less than five years, complete:

Previous employer name and address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Military:** Is duty station transfer expected during the next year?

No  Yes Where \_\_\_\_\_ Ending/Separation Date \_\_\_\_\_

*NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.*

**Employment Income** \$ \_\_\_\_\_ Per \_\_\_\_\_  Net  Gros

Other Income \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_

My signature authorizes MCU to contact my employer to verify the above income information as supported by the attached pay stubs.

Applicant's Signature X

## Co-Applicant Spouse Guarantor

Name (First - Middle - Last) \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Present Address (Street - City - State - Zip) \_\_\_\_\_

Own  Rent  With Relative Years at this address \_\_\_\_\_

Previous Address (Street - City - State - Zip) \_\_\_\_\_

Own  Rent Years at this address \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Title/Grade \_\_\_\_\_ Supervisor \_\_\_\_\_ Starting Date \_\_\_\_\_

If self-employed, type of business \_\_\_\_\_

If employed in current position less than five years, complete:

Previous employer name and address \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Military:** Is duty station transfer expected during the next year?

No  Yes Where \_\_\_\_\_ Ending/Separation Date \_\_\_\_\_

*NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.*

**Employment Income** \$ \_\_\_\_\_ Per \_\_\_\_\_  Net  Gross

Other Income \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_

My signature authorizes MCU to contact my employer to verify the above income information as supported by the attached pay stubs.

Co-applicant's Signature X

Additional information requested on the back.

**DEBTS**

In addition to rent/mortgage, list all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, etc.). Please use a separate line for each debt. Attach separate sheets if necessary.

<input checked="" type="checkbox"/> Applicant	Creditor Name and Address	Account Number	Original Balance	Present Balance	Monthly Payment	If Past Due <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other						
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage (incl. Tax & Ins.)			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
<b>TOTALS</b>			\$	\$	\$	

 List any other names under which your credit references and credit history might be listed:

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**EQUAL CREDIT OPPORTUNITY ACT NOTICE**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income is from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit union is:

FEDERAL TRADE COMMISSIONS, ATLANTA REGIONAL OFFICE, ROOM 1000, 1718 PEACHTREE STREET, NW, ATLANTA, GA 30309

<b>Credit Union Use Only</b>	
Date Approved/Declined _____	Debt/Income Ratio _____
Loan Officer/Credit Committee _____	
Line of Credit Requested \$ _____	Line of Credit Approved \$ _____



**Members Credit Union**  
 P.O. Box 5297  
 Winston-Salem, NC 27113-5297  
 (336) 748-4800  
 (800) 951-8000  
[www.memcu.com](http://www.memcu.com)