



Application for Visa Debit/Check Card & Overdraft Line of Credit

MEMBERS CREDIT UNION

(Must have open share draft checking account.)

Name (First, Middle, Last) _____ Date _____

MCU Member Number (if already a member) _____ Social Security No. _____

I/We hereby apply for a new Visa Debit/Check Card. Overdraft Lines of Credit are initially issued with a credit limit between \$100.00-500.00. If you wish to apply for a line of credit greater than \$500.00, indicate the amount desired \$ _____

(Please Print and Attach Current Pay Stub For Applicant and Co-Applicant.)

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 from Share Product Only. Share Product Code _____ Sub # _____
Advances from Credit Line Only.
Advances first from Share Product, then from Line of Credit. Share Product Code _____ Sub # _____ 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 Share Product. Share Product Code _____ Sub # _____ 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 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.

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 _____

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.)			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
TOTALS			\$	\$	\$	

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

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, SUITE 1500, 225 PEACHTREE STREET, NE, ATLANTA, GA 30303

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



Members Credit Union
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