

Check One

- Platinum Preferred w/extra Award Bonus Points
 VISA Gold

- VISA Classic
 Share Secured

- Individual
 Joint
 Increase Credit Limit

APPLICANT

Name _____ Birth Date _____
 Current Address _____ Apt. No. _____ Years/Months _____
 City _____ State _____ Zip _____
 Social Security Number _____ Home Phone Number _____ Call Phone Number _____
 () () () () () ()

Has the Applicant ever filed for bankruptcy? NO YES Year _____

Current Employer _____ Phone Number _____
 Address _____ Start Date _____
 Position or Job Title _____
 Monthly Gross Income/Hourly Rate _____ Other Income (Do not include Alimony, Child Support or Maintenance payments unless you want this income considered in your credit request.) _____

CO-APPLICANT

Name _____ Birth Date _____
 Current Address _____ Apt. No. _____ Years/Months _____
 City _____ State _____ Zip _____
 Social Security Number _____ Home Phone Number _____ Call Phone Number _____
 () () () () () ()

Has the Co-Applicant ever filed for bankruptcy? NO YES Year _____

Current Employer _____ Phone Number _____
 Address _____ Start Date _____
 Position or Job Title _____
 Monthly Gross Income/Hourly Rate/Other Income (Do not include Alimony, Child Support or Maintenance payments unless you want this income considered in your credit request.) _____

FINANCIAL DATA

Name of Creditors	Interest Rate	Value of Home/Auto	Balance Owed	Monthly Payments
Mortgage or Rent				
Second Mortgage				
Auto Loan (Year and Model)				
Credit Cards				
Other				
Other Obligations (e.g. responsibility to pay Alimony, Child Support, separate Maintenance. Use separate sheet if necessary)				

Debt Protection

I understand that debt protection is NOT REQUIRED AS A CONDITION FOR CREDIT. It is not insured by the government or the FDIC and is not guaranteed by Staley Credit Union. I must be under the age of 70 on the date of any advance to be eligible for insurance. I may rescind this request any time prior to the date of the advance. I hereby authorize the Credit Union to pay said premiums to the insurer.

Death/Disability/Unemployment Single Joint Single Joint

Death

Disability

Single \$3.22 Joint \$5.81
 Death \$2.16 \$3.82
 Disability \$0.93 \$1.49
 \$1.23 \$2.33

Applicant's Signature **X** _____ Co-Applicant's Signature **X** _____

Pledge of Shares

By signing below, you grant a security interest to STALEY CREDIT UNION in all your shares now and hereafter at the Credit Union (excluding IRAs) to secure this account. You authorize us to accept these shares to pay any amounts due on the account or under this Agreement if you should default under the terms of this Agreement.

X Applicant's Signature _____ **X** Co-Applicant's Signature _____

To apply, fill out this application, fold and seal this mailer with tape, place a stamp on SCU's return address panel and return.

DATE _____ APPROVED DENIED LINE OF CREDIT LIMIT \$ _____ (APPROVED) _____

Applicant(s) must read and sign

I/we am affixing my/our signature to this application. I/we understand that the Credit Union will rely upon this information in whole or part to determine whether or not to grant credit to me/us and I/we do hereby state that the information provided on the preceding page is true, correct and complete, and I/we have not omitted any debts that I/we have incurred up to the present time. I/we realize that if any of the indebtedness and liability information should prove incorrect or incomplete, the Credit Union reserves the right to terminate this Agreement and demand full and complete payment of any outstanding balance.

I/we represent that I/we are member(s) of the Credit Union and that by signing here, agree to all the terms and conditions of such "VISA Cardholder Agreement and Truth-in-Lending Disclosure Statement".

I/we request that a VISA Card be issued in the name(s) indicated below, and that a Personal Identification Number (PIN) be issued that will allow cash advances through VISA/ATM.

I/we agree that each use of the Card and PIN shall be deemed to be written authorization to debit or credit my/our accounts for the amount and type of transaction indicated at the time of use. All transactions are subject to the Credit Union's Rules and Regulations regarding my account.

Cards issued hereunder remain the property of Staley Credit Union and the privilege of their use may be withdrawn at any time by its repossession or otherwise.

Print _____ Applicant _____
 Signed **X** Applicant _____ Date _____
 E-mail _____
 Print _____ Applicant _____
 Signed **X** Applicant _____ Date _____
 E-mail _____

Issue cards as printed above.
 (No cards will be issued in name of Applicant or Co-Applicant who has not signed above.)

If applying for a VISA PLATINUM and I/we do not meet VISA PLATINUM requirements but satisfy requirements for VISA GOLD or CLASSIC, please issue a VISA card that best fits my qualifications.
 YES NO

800-223-8356

www.staleycu.com