

P.O. Box 54843 • Cincinnati, OH 45254  
800-373-1059 phone • 513-528-7480 fax

Check Type of Account Desired:	<input type="checkbox"/> Individual Account	<input type="checkbox"/> Joint Account
	<input type="checkbox"/> Individual Account with Authorized User	
Member Account Number		

**Please note:** If you are applying for credit in your name only, do not complete portion on co-applicant.

Applicant Name (Last-First-Middle)			Co-Applicant Name (Last-First-Middle)		
Home Address (Street & No.)		How Long?	Home Address (Street & No.)		How Long?
City-State-Zip			City-State-Zip		
Previous Home Address		How Long?	Previous Home Address		How Long?
Home Phone No. ( )	Birth Date	Mortgage/Rent Payment	Home Phone No. ( )	Birth Date	Mortgage/Rent Payment
Social Security No.			Social Security No.		
Gross Monthly Salary \$		Housing Allowance \$	Gross Monthly Salary \$		Housing Allowance \$
Employer	Position	How Long?	Employer	Position	How Long?
Business Address/Phone ( )			Business Address/Phone ( )		

**Note:** Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

<p>Alimony, child support, separate maintenance received under</p> <p><input type="checkbox"/> court order    <input type="checkbox"/> written agreement    <input type="checkbox"/> oral understanding</p> <p>Other income: \$ _____ per _____ Source(s) of other income _____</p> <p>_____</p> <p>Is any income listed in this section likely to be reduced in the next two years?</p> <p><input type="checkbox"/> Yes (Explain in detail on a separate sheet)    <input type="checkbox"/> No</p>	<p>Alimony, child support, separate maintenance received under</p> <p><input type="checkbox"/> court order    <input type="checkbox"/> written agreement    <input type="checkbox"/> oral understanding</p> <p>Other income: \$ _____ per _____ Source(s) of other income _____</p> <p>_____</p> <p>Is any income listed in this section likely to be reduced in the next two years?</p> <p><input type="checkbox"/> Yes (Explain in detail on a separate sheet)    <input type="checkbox"/> No</p>
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This statement is submitted to obtain credit and I(We) certify that all information herein is true and complete. I(We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my(our) credit standing. If this application is approved and a credit card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the credit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the VISA agreement which will be furnished to me(us). I(We) agree to pay the credit union all reasonable costs credit union incurs to collect debts incurred under my(our) VISA agreement with credit union, or realize on any security, including reasonable attorneys' fees, court costs and collection agency fees to the extent allowed by applicable laws or regulations. I(We) understand that a contingent or hourly fee arrangement may be established under an agreement entered into by credit union with any attorney and/or collection agency to collect debts incurred under my(our) VISA agreement if it is in default and I(we) hereby agree that any such fee arrangement is reasonable. This provision also shall apply if I(we) file a petition or any other claim for relief under any bankruptcy rule or law of the United States, or if such petition or other claim for relief is filed against me(us) by another.

The laws against discrimination require that all creditors make credit equally available to all credit worthy 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.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
<b>X</b>		<b>X</b>	

### Balance Transfer Form

To transfer your credit balances, or pay them off, just fill in the details below. We'll send a check to each card issuer listed, and a letter to you confirming the amount paid.\*

NAME OF CARD ISSUER	ACCOUNT NUMBER
PAYMENT ADDRESS OF CARD ISSUER	\$
PHONE NUMBER OF CARD ISSUER	EXACT DOLLAR (\$) BALANCE TO TRANSFER

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PAYMENT ADDRESS OF CARD ISSUER	\$
PHONE NUMBER OF CARD ISSUER	EXACT DOLLAR (\$) BALANCE TO TRANSFER

\*Balance transfers take about 4 weeks to complete. Please continue to make payments on your other credit cards until the credit union notifies you that the balances have been transferred. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). The credit union is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your account credit line. The credit union reserves the right to refuse any balance transfer requests.

I/we the undersigned authorize West Ohio United Methodist Credit Union to pay off the amounts specified above and apply those amounts to my West Ohio United Methodist Credit Union credit card account.

<b>X</b>	<b>X</b>
Applicant's Signature	Co-Applicant's Signature
Credit Union Account #	

### Pledge of Shares (This must be signed for a card to be issued.)

By signing below, you pledge to us and grant us a security interest in all of your shareholdings with us including paid shares and future payments on shares, to secure your credit card account with us. You authorize us to apply these shareholdings to pay any amounts due on the account or under this agreement if you should default.

<b>X</b>	<b>X</b>
Applicant's Signature	Co-Applicant's Signature

### Credit Disclosure

	VISA CLASSIC	VISA PREFERRED
ANNUAL PERCENTAGE RATE (APR) FOR PURCHASES	12.90%	8.90%
OTHER APRS: CASH ADVANCE APR: BALANCE TRANSFER APR:	12.90% 12.90%	8.90% 8.90%
GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES	25 DAYS	25 DAYS
METHOD OF COMPUTING THE BALANCE FOR PURCHASES	AVERAGE DAILY BALANCE (INCLUDING NEW PURCHASES)	
ANNUAL FEE	NONE	NONE
MINIMUM FINANCE CHARGE	NONE	NONE
TRANSACTION FEE FOR PURCHASES	NONE	
TRANSACTION FEE FOR CASH ADVANCES	3%	3%
BALANCE TRANSFER FEE	NONE	NONE
LATE PAYMENT FEE	\$25.00	\$25.00
OVER THE CREDIT LIMIT FEE	\$25.00	\$25.00

TRANSACTION FEE FOR CASH ADVANCES: 1% FOREIGN TRANSACTION\*  
OTHER FEES AND CHARGES: FOR BOTH CARDS  
DOCUMENTATION FEE: NONE  
RETURNED CHECK FEE: \$25.00  
NEW OR REPLACEMENT CARD FEE: NONE  
CARD RECOVERY FEE: NONE

**This information was accurate as of February, 2007. Please contact us at (800) 373-1059 for any change in the information since February, 2007.**

\*Change to Foreign Transaction Currency Exchange Rate: Effective April 1, 2005, the exchange rate for transactions in a foreign currency will be a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives, or the government mandated rate in effect for the applicable central processing date plus the 1% fee.

<b>FOR CREDIT UNION USE ONLY</b>	
<input type="checkbox"/> Visa Classic	<input type="checkbox"/> Visa Preferred
ACCOUNT NO. _____	
CREDIT LIMIT OF \$ _____	DATE APPROVED _____
APPROVED BY _____	
COMMENTS _____	