

WEMELCO Credit Union

Instructions for Completing MasterCard on-line

1. **COMPLETE** Credit Card Application - MasterCard

- Be sure to include date of birth, social security number, gross income and any outstanding debts.
- Be sure to complete entire application.
- Be sure to include desired credit limit.
- Sign at bottom of page.
- **If Joint Applicant**, complete Section B, Joint Applicant portion, and sign at bottom of page.

2. Income Verification

- Submit verification of **all income** listed on application(s) such as:
 - **Copy of recent pay stub if currently employed**
 - Copy of bank statement (for Soc. sec. and retirement)
 - Copy of latest tax return including Schedule C (for self-employed)

3. Names on credit cards

When listing names on cards, please be aware that we only have **21 spaces available** for a name on our plastics. Please let us know how you would like your name spelled.

4. Payment Transfer Authorization

Be sure to complete the bottom portion of the application if you would like to take an advance and make a payment on one of your other credit cards.

If you have any questions, please contact the Credit Union office at (413) 787-9108 or email us at staff@wemelcocreditunion.com.

WEMELCO Credit Union
Credit Card Application – MasterCard
 PO Box 2010 West Springfield MA 01090-2010
 (413) 787-9108 Fax (413) 787-9255

| | |
|---|---|
| Type of Credit Requested – Check off the appropriate boxes below and complete the applicable sections. <input type="checkbox"/> Individual Credit – relying solely on my income or assets. <input type="checkbox"/> Joint Credit – relying on my income or assets as well as income or assets from other sources. Desired Credit Limit/Increase Credit Limit \$ _____ | Credit Union Use Only Date Received _____ Account Number _____ |
|---|---|

The information about the costs of the card described in this application is accurate as of **February 9, 2001**.
 This information may have changed after that date. To find out what may have changed, write to us at the address above.

| | | | | |
|---|---|--|--|---|
| Annual Percentage Rate <small>for purchases</small> | Grace period for repayment of balances for purchases <small>If you pay the entire New Balance shown on your prior months bill by the closing date of the current monthly billing cycle, you will not have to pay finance charges for the current month on purchases made during the current month. The grace period can be between 28 and 33 days depending upon the number of days in the billing cycle.</small> | Method of computing the balance for purchases <small>Average Daily Balance (including new purchases)</small> | Annual Fee <small>Per Year</small> | Fee for exceeding The credit limit <small>Over-the-credit-limit fee</small> |
| 9.90% | | | \$ None | \$10.00 |

Section A – Individual Applicant Information

| | | | |
|---|-------------------|--|--------------------------------|
| NAME (Last, First, Middle) | BIRTHDATE | SOCIAL SECURITY NO. | HOME TELEPHONE |
| ADDRESS (Street, City, State, & Zip) | | <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER _____ AMOUNT \$ _____ | HOW LONG? |
| EMPLOYER (Company Name & Address) | | HOW LONG? | MOTHER'S MAIDEN NAME |
| BUSINESS PHONE/EXT. | POSITION OR TITLE | HOW OFTEN PAID? | AMOUNT PER MONTH (GROSS) \$ |
| 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 Alimony, | | | |

child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME

AMOUNT PER MONTH (GROSS)

\$

Section B – Joint Applicant Information

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

| | | | |
|----------------------------|-----------|---------------------|----------------|
| NAME (Last, First, Middle) | BIRTHDATE | SOCIAL SECURITY NO. | HOME TELEPHONE |
|----------------------------|-----------|---------------------|----------------|

| | | |
|--------------------------------------|---|-----------|
| ADDRESS (Street, City, State, & Zip) | <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER _____ | HOW LONG? |
|--------------------------------------|---|-----------|

AMOUNT \$ _____

| | | |
|-----------------------------------|-----------|-----------------------------|
| EMPLOYER (Company Name & Address) | HOW LONG? | MOTHER'S MAIDEN NAME |
|-----------------------------------|-----------|-----------------------------|

| | | | |
|---------------------|-------------------|-----------------|--------------------------|
| BUSINESS PHONE/EXT. | POSITION OR TITLE | HOW OFTEN PAID? | AMOUNT PER MONTH (GROSS) |
|---------------------|-------------------|-----------------|--------------------------|

\$

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 Alimony,

child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME

AMOUNT PER MONTH (GROSS)

\$

I/We hereby request that the credit union issue the following credit card(s), and I/We agree that by using such credit card(s), I/We will be bound by the terms and conditions accompanying the credit card(s).

No. of cards requested (including authorized users) _____ Name(s) _____

Sign Here

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 card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the credit card agreement.

Applicant's Signature _____ Date _____ Joint Applicant's Signature (where applicable) _____ Date _____

REMARKS:

Approval Date _____ \$ _____ Amount _____ Loan Officer _____

******* Payment Transfer Authorization (Please print) *******

I authorize WEMELCO Credit Union to take a cash advance of \$ _____ from my new WEMELCO MasterCard.

Please make a payment on my credit card account # _____ - _____ - _____ - _____.

Please make the check payable to : _____ and mail to: _____

Signature _____ Date _____