

CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Account Choice:
(Signature required for joint applicant)

- Q Individual Account
- Q Joint Account:
- Q Credit Line Increase



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Note: All applicable sections should be filled out completely to avoid delay in processing your application.

APPLICANT

Last Name		First	Middle	Social Security Number		
Date of Birth (/)	No. of Dependents	Home Phone ()	Own	Rent	Other	Monthly Payment \$
Current Address		City	State	Zip Code		How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code		How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code		How Long (yrs)
Employer JYes 3 No ()	Self Employed	Work Phone			Date Employed	
Address		Position/Occupation			Monthly Gross Income \$	
Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)
Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness						Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone		Relationship	

CO-APPLICANT Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number		
Date of Birth (/)	No. of Dependents	Home Phone ()	Own	Rent	Other	Monthly Payment \$
Current Address		City	State	Zip Code		How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code		How Long (yrs)
Employer	Self Employed 3 Yes 5 No	Work Phone ()			Date Employed	
Address		Position/Occupation			Monthly Gross Income \$	

CREDIT INFORMATION

Attach Additional Sheets If Necessary Name and Address of Creditor

Name under Which Account is

Carried Account Number	Balance	Monthly Payment		
1. Home Mortgage/Rent				
2. Bank Credit Card/Bank Name and Address				

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	Other APRs	Current Rate Information	Grace Period	Balance Transfer Fee	Cash Advance Fee	Minimum Finance Charge for Purchases	Balance Calculation Method for Purchases	Minimum Payments	Miscellaneous Fees	Foreign Transaction Fee
8.99%*	Balance Transfer APR: 8.99%* Cash Advance APR: 8.99%* Default APR: 18.00%*	Purchase APR: 8.99% (.024630%) Daily Periodic Rate Default APR: 18.00% (.049315%) Daily Periodic Rate	Purchases 25 days	None	None	\$1.00	Average Daily Balance Method	Your minimum payment will be 3.50% of your outstanding balance or \$10.00, whichever is greater. If your balance is less than \$10.00, your minimum payment will be equal to your balance amount	Late Payment Fee: \$25.00 Over-limit Fee: \$25.00	0.8% of the transaction amount on foreign transactions where there is no currency conversion. 1.0% of the transaction amount on foreign transactions if there is a currency conversion

*Your APR will be determined based upon your repayment record. To meet the criteria for the APR of 8.99%, there can be no more than 3 late payments of 30 days each or a single late payment of 60 days within one consecutive six-month period. The credit account will be considered in default when a third late payment of 30 days occurs within one consecutive six-month period. If in default, the interest rate will be 18.00%. You will continue to be billed at the default rate until your monthly payments have been made on time six consecutive months. Should that occur, your rate will be re-set to 8.99%. The information indicated on the application is current as November, 2008. The information may change after that date. For current information, call (716) 826-1976.

CHARGEGARD INSURANCE PROTECTION REQUEST MD & VA residents: Please contact this institution to obtain the insurance application applicable to your state.

By electing optional Chargegard insurance, I acknowledge that Chargegard includes credit life, disability, involuntary unemployment, and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age eligibility requirements shown in the Summary of Insurance*. Monthly premium charges are based on the account balance and the rate shown, I may cancel anytime. *Please see the Summary of Insurance on the back **Yes, please enroll me in Chargegard Credit Insurance**

X _____
 Signature Date of Birth Date N1991-0299 NonStd ID#19

RETURN PAYMENT FEE

Return Fee of \$25.00 will be charged for any returned checks

PLEASE READ, SIGN AND DATE STATEMENT:

I/We certify that all statements made are true and submitted for the purpose of obtaining credit, whether completed by me or by the credit union at my direction. In connection with renewal or continuation of the credit for which I/we are applying. Upon request the credit union will supply the name and address of the credit bureau providing such information. I/We grant you a lien on all funds in all my/our accounts with you. This lien extends to funds now or hereafter deposited with you (plus dividends and any insurance benefits). This lien secures loans, charges, overdrafts, a debit card or any amount owed, now or hereafter. The Credit Union may enforce this lien by applying your funds directly to any amounts you owe and may exercise this right without obtaining a court judgment and as otherwise permitted by law. Set off is the right of one who is indebted to another to reduce or eliminate the indebtedness by charging against the debt any amount which his creditor in that transaction may owe him in another transaction as borrower, guarantor, or otherwise. The Credit Union may use the account to pay the debt even if withdrawal results in an interest penalty or dishonor of subsequent drafts. Any garnishment, levy or execution against the account is subject to the Credit Union's right of set off and security interest. If garnishment, levy, or execution hits the account, the Credit Union may refuse to allow any withdrawals until the dispute is resolved. In such a case, the Credit Union will not be liable to the member, even if paying the money to the third party leaves insufficient funds to cover outstanding drafts. All expenses in responding to a court order are chargeable to the member. The Credit Union has the right to charge fees in connection with its services. These fees may change from time to time. The current fee schedule is available and the member will receive written notice of any changes. I/We acknowledge notice of this disclosure under Article 25 of the New York State General Business Law. If this application is approved and a MasterCard card(s) issued, I/we agree by signing, using or permitting another person to use the MasterCard card(s) to be bound by the Cardholder Agreement accompanying the card(s). (1) Income from alimony, child support or separate maintenance is not required to be disclosed unless you want it to be considered in the approval of this loan.

Signature of Applicant	Date	Signature of Co-Applicant	Date
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TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account. 3 Credit	
Card Account Number	Amount to be transferred \$
Signature _____	

FOR INTERNAL USE ONLY

MasterCard Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY

Erie Metro Federal Credit Union, Blasdell, NY 14219

FOLD AND SECURE WITH TAPE FOR MAILING

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All contents are accurate at the time of printing, but subject to change.

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SUMMARY OF INSURANCE COVERAGES

IMPORTANT INFORMATION ON CHARGE-GUARD LIMITATIONS, EXCLUSIONS, COSTS: Upon acceptance of your enrollment, you will receive your certificates and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need or want to purchase this insurance. This credit insurance is optional. You are not required to purchase the insurance to obtain credit. You are free to cancel anytime. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates and/or policies upon written notice and subject to state regulations. COVERAGE IS NOT AVAILABLE IN: KY, MN & NY

LIFE, DISABILITY, UNEMPLOYMENT AND LEAVE OF ABSENCE COVERAGES APPLY ONLY TO THE PERSON WHOSE NAME APPEARS FIRST ON THE ACCOUNT.

LIFE COVERAGE: If you die, Chargeguard will pay to the Creditor the outstanding account balance as of the date of death, up to the master policy maximum of \$10,000. Suicide is excluded except in MD & MO. Life coverage is replaced with Accidental Death coverage at age 66 in IA. Life is not available in TX.

DISABILITY: If you become totally disabled, Chargeguard will pay to the Creditor your scheduled minimum monthly payment due on your account on the date of loss. Benefits begin after 30 consecutive days of disability and are retroactive to the first day of loss. In MA, Chargeguard will pay to the Creditor your scheduled minimum monthly payments. Disability coverage is not retroactive in MA. Benefits will continue until your balance on the date of loss is paid off, you return to work, you are no longer disabled, or you reach the master policy maximum of \$10,000, whichever occurs first. In GA and SD, you are eligible for coverage if employed full-time in a nonseasonal occupation. Disability benefits are not payable for self-inflicted injury (except in AL, GA, IA, MD & SD), flight in nonscheduled aircraft in MA & PA, war or foreign travel or foreign residence in MA, normal pregnancy in CA & PA. Disability is not available in TX.

UNEMPLOYMENT COVERAGE: If you become involuntarily unemployed, Chargeguard will pay to the Creditor your scheduled minimum monthly payment due on your account as of the date of loss, until your balance is paid off, you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. In MA & TX, you are eligible for coverage if you are employed for 30 days at least 30 hours a week in a nonseasonal occupation for the same employer, and are not self-employed, an independent contractor or a controlling stockholder of your employer, in IA & GA if employed full-time in a nonseasonal occupation; in PA if working 30 or more hours per week for at least 9 months of the year. Benefits begin after 30 consecutive days of unemployment and are retroactive to the first day of loss. Unemployment benefits are limited to 12 months in PA. Unemployment excludes discharge for cause (except in AL, AZ, GA, IA, PA, SC & SD); willful or criminal misconduct in AZ, CO, MD, MA, MO & TX; forbidden acts, violation of established policies or neglect of duty in MA, MO & TX; being notified either orally or in writing of pending unemployment in MA & TX; normal seasonal unemployment in MA & TX; unemployment coverage is not available in ND & NE.

LEAVE OF ABSENCE COVERAGE: If you take an employer-approved unpaid leave of absence from work due to accident or illness of an immediate family member; childbirth/adoption; recall to active military service; residing in a federally-declared disaster area; placement of a foster child in your home (in NC only); or petit or grand jury duty (in NC only), Chargeguard will pay to the Creditor your scheduled minimum monthly payment based on the outstanding balance as of the date of leave until your balance is paid off, you return to work, or you reach the \$10,000 master policy maximum, whichever occurs first. Benefits begin after 30 consecutive days of leave and are retroactive to the first day of leave. In AL, CO, GA, IA, MD, MA, PA & SD, you are eligible for this coverage if employed full-time, in a non-seasonal occupation and

ret 90 days of coverage (except in CA, KS. *Sense are limited to 6 months in AL, CO,

NV, TX & VA. **

GENERAL PROVISIONS: Maximum enrollment age in all states is 70, except 65 in CO, IA, MA & PA; 69 in AL, AZ, GA & SD; 71 in NM. No maximum enrollment age in TX. Coverage terminates at age 71, except 66 in CO, MA & PA; 70 in AZ; 72 in NM. No termination age in AL, IA, GA, SD & TX.

COST PER \$100 PER MONTH: 65.74 in AK; 76.74 in AL; 91.44 in AR; 71.14 in AZ; 73.84 in CA; 43.64 in CO; 83.84 in CT; 85.74 in DC; 89.4 in DE; 59.51 in FL; 79.74 in GA; 72.54 in HI; 86.4# in ID; 71.74 in IA; 82.94 in IL; 67.6# in IN; 85.61 in KS; 96.1# in KY; 86.1# in LA; 84.24 in MD; 82.24 in MI; 5.94 in MN; 81.06# in MS; 81.4 in MT; 69.81 in NH; 70.41 in NJ; 88.70 in NM; 36.54 in NV; 56.84 in NC; 44.94 in ND; 46.24 in NE; 73.84 in OH; 86.14 in OK; 68.91 in OR; 65.61 in PA; 77.94 in RI; 82.24 in SC; 82.4 in SD; 88.20 in TN; 19.4 in TX; 80.14 in UT; 34.34 in VA; 63.63 in VT; 68.44 in WA; 89.4 in WY; 75.44 in WA; 86.4 in WY. The cost of credit insurance will be financed at the rate specified in your agreement with the creditor.

Coverage is underwritten by American Bankers Life Assurance Company of Florida, American Bankers Insurance Company of Florida and American Reliable Insurance Company, 11222 Quail Roost Drive, Miami, FL 33157-6596. In TX unemployment certificate number - AD9139CQ-0499. In CA, life and disability coverage provided by ABLAC and ARIC provides remaining coverages described above. Coverage for life and disability is provided under form numbers AE2415PL-0999, AC2099CB-0707, B3539PO-0397, AR8758EQ-0297 & AR8770EQ-0597. In FL, coverage for life and disability are provided under form number AC3755PQ-0897. In VA, coverages for life and disability are provided under form number CH3-6-FL-1. The creditor has a financial interest in the sale of this insurance. Ana Aquila is the licensed agent for the states of FL, ND & NY.

Coverages are only available as a package if you cancel within 30 days of receiving your certificate, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date.

This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, this Institution, or any Federal Government Agency. We may not condition your extension of credit on either your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity.

AR, IA, ME, NM, OH, TN & VA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties (VA residents; this notice is not applicable to life and health insurance).

DC residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NJ residents: Any person who includes false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

PA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

WA residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

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CREDIT INSURANCE PRE-PURCHASE DISCLOSURE

This disclosure is required by MA law. You may purchase optional credit life insurance and credit disability insurance. **CREDIT LIFE INSURANCE:** If you die while coverage is in force, we will pay the outstanding balance of your loan to the creditor. We will not pay a life benefit in the first 2 years if you die as a result of suicide. **CREDIT DISABILITY COVERAGE:** If you become disabled while this coverage is in force, we will pay up to your minimum monthly payment, as of the date of your disability, to the creditor. We will not pay benefits if your disability is the result of war, a self-inflicted injury, flight in non-scheduled aircraft, foreign travel or foreign residence. You must send proof of disability within 90 days. There is a 30 day waiting period. You are eligible for this coverage if you work 30 hours a week, are in a non-seasonal occupation and meet the age criteria below.

GENERAL: See certificate of insurance for specific definitions. You are eligible for optional credit life insurance and credit disability insurance if you are between 18 and 65 years of age. Coverage will expire on your 66th birthday. The maximum benefit is \$10,000. You may cancel this coverage at any time. All unearned premiums will be credited to your account by the actuarial method for life coverage and by the pro-rata rule for disability coverage. The premium rate for the credit life and credit disability insurance is \$0.152 per \$100 of monthly outstanding balance. These coverages can only be purchased as a package. If other insurance exists that covers this risk or that may cover this risk, one may not want or need this coverage.

CREDIT UNIONS-

Convenient Locations & Hours

MAIN OFFICE

3291 Lakeshore Road Blasdell, NY 14219
Phone (716) 826-1976 Fax (716) 826-2382

BRANCH OFFICE

462 Grider Street Buffalo, NY 14215
Phone (716) 898-5612

Hours

Hours

Mon-Wed 9:30am-4:00pm
Thurs 9:30am-5:00pm
Fri 9:00am-5:30pm

Mon/Wed/Thurs

9:30am-4:00pm
Tues 7:30am-3:30pm
Fri 9:00am-4:00pm

A Service for Every Need!

- Share Draft (Checking) Accounts
- Debit Cards
- Share Certificates
- Share Savings Accounts
- Holiday Club Accounts
- Payroll Deduction
- 24 Hour Audio Response System
- IRA Share Accounts
- Home Equity Loans & Lines of Credit
- New & Used Auto Loans
- Personal/Consolidation Loans
- Financial Counseling
- Dividends Paid Day of Deposit to Day of Withdrawal
- Automatic Loan Payments & Savings Plans
- Life & Disability Insurance on Loans
- Family Memberships
- Gift Cheques
- Account Federally Insured to \$100,000
- Travelers Checks
- Money Orders
- Life Insurance through the Family Security Plan
- Discount Tickets To A Variety of Theme Parks
- Discount Tickets To Movie Theatres
- Web-Banking and Bill-Pay Service

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