

## MasterCard Application

Member Number		Credit Limit Requested	
Last Name		First Name	
Social Security No.	Date Of Birth	Driver's License Number & State	
Address			
Years There	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Pmt. Amt.	Phone No.
Previous Address If Less Than Two Years At Present Address			
Years There	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Number Of Dependents	
Present Employer			
Employer's Address			
Position	Date Hired	Work Phone	
Joint Applicant (If applicable) Last Name		First Name	
Social Security No.	Date Of Birth	Driver's License Number & State	
Joint Applicant Employer			
Position	Date Hired	Work Phone	
<small>Notice: Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered.</small>			
Applicant Monthly Income <input type="checkbox"/> Gross <input type="checkbox"/> Net		Co-Applicant Monthly Income <input type="checkbox"/> Gross <input type="checkbox"/> Net	

**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 considering this application the loan officer may request and use a report from the outside credit reporting agencies. They may ask a reporting agency for such reports 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.

Individual Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

Verification of income will need to accompany this application.  
Please contact our office for more information. Thank you!

Office Use Only	
Approved _____	Date _____



To apply, complete, sign and return application to a branch location or mail to:

**Erie Metro FCU**  
3291 Lakeshore Road  
Blasdell, New York 14219

## Balance Transfer Option

You may be able to transfer your other high interest credit card balance(s) and department store charge card(s) to an Erie Metro MasterCard to save money. See the information below for pay-off information.

Fill out the information below and return it to us. We'll take care of the rest. Also provide a copy of the credit card statement(s).

Creditor #1 \_\_\_\_\_

Payment Address \_\_\_\_\_

Acct. # \_\_\_\_\_ Exact Balance \_\_\_\_\_

Creditor #2 \_\_\_\_\_

Payment Address \_\_\_\_\_

Acct. # \_\_\_\_\_ Exact Balance \_\_\_\_\_

Creditor #3 \_\_\_\_\_

Payment Address \_\_\_\_\_

Acct. # \_\_\_\_\_ Exact Balance \_\_\_\_\_

Total

### Attach Additional Information Required

By signing below, I authorize a balance transfer to my approved Erie Metro MasterCard Account in the amount(s) listed above. I understand that you will advise me when payment is mailed or if you are unable to process my payment request for any reason. In addition, Erie Metro FCU will not be responsible for any charges billed to me for the account(s) indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Member # \_\_\_\_\_

## Mastercard Addendum

**Pledge of Shares:** By signing below, I/we pledge to you, the Erie Metro Federal Credit Union, a security interest in all share accounts with you including paid shares and future dividends on shares, to secure this account. I/we authorize you to apply these shareholdings to pay any amounts due on this account or any other debt obligations owed to the credit union if I should default.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Acct.# \_\_\_\_\_

Date \_\_\_\_\_ Acct.# \_\_\_\_\_