

# VISA AND MASTERCARD SHORT FORM FOR ADDITIONS & CHANGES TO EXISTING ACCOUNTS

*Check and complete all applicable sections*

Member's Name (last)	(First)	(Initial)	Credit Union Account #
Street	City/State		Zip Code
H) Phone # _____	W) Phone # _____	Credit Card Acct # _____	
C) _____	E-Mail _____		

Issue a	<input type="checkbox"/> Visa Platinum	<input type="checkbox"/> MasterCard	<b>(check appropriate box)</b>
Amount Requested \$ _____	_____ Visa (Min. \$5,000 Max. \$20,000)	_____ MasterCard (Max. \$10,000)	
Salary:	Weekly _____	Semi-Monthly _____	Monthly _____
Other Income \$ _____ per _____	Source(s) of Other Income _____		
Monthly Rent/Mortgage \$ _____	<b>ATTACH COPY OF CURRENT PAY STUB, SOCIAL SECURITY INCOME OR INCOME TAX RETURN</b>		

I/We certify that the information on this form is accurate and acknowledge that the Credit Union will rely on this information to make its credit decision. I/We understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a loan application made to a federally chartered credit union. I/We understand that Internet gambling may be illegal in the jurisdiction in which I/we are located and that I/we will only use the card for legal transactions and not illegal transactions including Internet gambling. I/We understand that display of a payment card logo by the on-line merchants or Internet sites does not mean that the transactions are lawful. If this form applied to a VISA credit card account, I/we acknowledge receiving, reading and agree to be bound by all of the terms and provisions of the Credit Union's VISA Account Agreement and Truth-in-Lending Disclosures and Billing Rights Notice. If this form applied to a MasterCard credit card account, I/we acknowledge receiving, reading and agree to be bound by all of the terms and provisions of the Credit Union's MasterCard Account Agreement and Truth-in-Lending Disclosures and Billings Rights Notice.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

After completing this application, please mail it to the Credit Union in an envelope addressed to:

MEFCU Loan Department / Box 2000 / Rahway NJ 07065

Or, return via interoffice mail to: MEFCU RY32-15

Do not Write Below – For Credit Union Use Only			
<b>LOAN OFFICER</b> <input type="checkbox"/> Approved as submitted <input type="checkbox"/> Rejected <input type="checkbox"/> Counteroffer will be made If accepted, request approved	<b>DATE</b>  <hr/> <b>COUNTEROFFER</b>	<b>CREDIT LINE</b> \$ _____	<b>INCREASED CREDIT LINE TO</b> \$ _____
<b>SPECIFIC REASON(S) FOR REJECTION</b>  _____ _____		<b>NUMBER OF CARDS ISSUED</b>  _____	
<b>LOAN OFFICER(S) SIGNATURES</b>  _____ _____			
<input type="checkbox"/> ECOA Notice and Reason for Rejection sent or delivered on:	<b>DATE</b>  _____	<b>SIGNATURE</b>  _____	