

## VISA AND MASTERCARD SUBSEQUENT ACTION FORM

*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 #	
Cell Phone #	Email		

<input type="checkbox"/> SECTION 1 – 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>		

<input type="checkbox"/> SECTION 2 – Increase Credit line for		<b>(check appropriate boxes)</b>		
<input type="checkbox"/> Visa - New Limit \$ _____ (max. \$20,000)		<input type="checkbox"/> MasterCard - New Limit \$ _____ (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>		

<input type="checkbox"/> SECTION 3 – Add the applicant to an existing account as a co-borrower who will be responsible for repaying all charges on the credit card account				
Co-Borrower's Last Name	First	Initial	Date of Birth	
Street	City	State/Zip Code	Social Security No.	
<i>Signature of Co-Borrower</i>				

<input type="checkbox"/> SECTION 4 – Request an additional card as an authorized user who will not be a co-borrower and will not be responsible for repaying any charges on the credit card account				
Authorized User's Last Name	First	Initial		
Social Security No.	Date of Birth			

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 \_\_\_\_\_

**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>	<b>CREDIT LINE</b> \$	<b>INCREASED CREDIT LINE TO</b> \$
	<b>COUNTEROFFER</b>		<b>NUMBER OF CARDS ISSUED</b>
<b>SPECIFIC REASON(S) FOR REJECTION</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>	