



P.O. Box 2606
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Credit Card Application

Member Account #	Credit Limit Requested	# of Cards	Check Card Choice <input type="checkbox"/> MASTERCARD <input type="checkbox"/> GOLD MASTERCARD <input type="checkbox"/> SHARE-SECURED MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> VISA GOLD <input type="checkbox"/> SHARE-SECURED VISA
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PLEASE REFER TO THE REVERSE SIDE OF THIS APPLICATION FOR IMPORTANT COST INFORMATION CONCERNING THE CARD

NOTICE: Married applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.

- Individual Credit: Complete Applicant section. Complete Co-Applicant section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or (2) If your spouse will use the Account.
 Joint Credit: Provide information about both of you by completing Applicant and Co-Applicant sections. If you intend to apply for Joint Credit, both applicants must initial here: _____
Applicant Co-Applicant

Please tell us about yourself.

Last Name		First	Middle	Social Security#	
Street Address		Apt. #	City	State	Zip
Employer		Employer Address			Start Date
Position		Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			<input type="checkbox"/> Gross Monthly Salary
Other Income _____ \$ _____ Per _____					<input type="checkbox"/> Net Monthly Salary \$ _____
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Work Phone	Home Phone		Mother's Maiden Name	
Monthly Payment \$ _____					
Are you a full-time or a part-time college student? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Please tell us about your co-applicant (complete for Joint Credit).

Last Name		First	Middle	Social Security#	
Street Address		Apt. #	City	State	Zip
Employer		Employer Address			Start Date
Position		Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.			<input type="checkbox"/> Gross Monthly Salary
Other Income _____ \$ _____ Per _____					<input type="checkbox"/> Net Monthly Salary \$ _____
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Work Phone	Home Phone		Mother's Maiden Name	
Monthly Payment \$ _____					
Are you a full-time or a part-time college student? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Please sign here (both signatures required for Joint Credit).

A consumer credit report may be requested in connection with this application and with any renewals, updates or extensions of any new credit extended as a result of this application. You acknowledge that **Members' Choice Federal Credit Union** is relying on what you have stated in this application, and you represent that everything you have stated is accurate and complete. If a credit card is issued to you and you use the card (or its account number) or authorize its use, you agree that such use will constitute your agreement to the terms of the cardholder agreement that you receive from the credit union. **You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure all amounts you owe under the Credit Card Agreement. When you are in default, you authorize us to apply the balance in these accounts to any amounts due without notice.**

Applicant Signature	Date	Co-Applicant Signature	Date
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Outstanding Debts – List Everything (attach other sheets if necessary).

Rent or Mortgage	Name and Address of Creditor	Balance	Monthly Payment
Auto			
Auto			
Other			

For credit union use only.

<input type="checkbox"/> Approved	Credit Limit	Credit Card Account #
<input type="checkbox"/> Declined	Credit Committee or Loan Officer Signature	