



**Western New York**  
FEDERAL CREDIT UNION

1937 Union Road • West Seneca, NY 14224  
Phone: 716-771-5000 • Fax: 716-675-9644  
www.wnyfcu.com

There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at (716) 771-5000 or writing to us at the address stated on this application.



**CREDIT CARD APPLICATION**

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

**Individual Credit:** You must complete the Applicant section about yourself and the Other section about your spouse if  
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)  
 2. your spouse will use the account, or  
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** Each Applicant must individually complete appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

**Credit Card Account:**  Individual  Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant <b>X</b>  (Seal)	Date	Co-Applicant <b>X</b>  (Seal)	Date
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Credit Limit Requested \$

If Authorized User, Name:

Guarantors Complete OTHER section below.

APPLICANT				OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
BIRTH DATE		EMAIL ADDRESS		BIRTH DATE		EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.		HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	
DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS		DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LENGTH AT RESIDENCE	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LENGTH AT RESIDENCE	PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO				MORTGAGE/RENT OWED TO			
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE		MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE	
\$	\$	%		\$	\$	%	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)				COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			
EMPLOYMENT/INCOME				EMPLOYMENT/INCOME			
START DATE				START DATE			
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME PER		OTHER INCOME PER		EMPLOYMENT INCOME PER		OTHER INCOME PER	
\$		\$		\$		\$	
TITLE/GRADE		SOURCE		TITLE/GRADE		SOURCE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS				PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS			
STARTING DATE		ENDING DATE		STARTING DATE		ENDING DATE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE		ENDING/SEPARATION DATE		WHERE		ENDING/SEPARATION DATE	

**CREDIT CARD APPLICATION (continued)**

**STATE LAW NOTICE(S)**

**Notice to Nebraska Residents:** A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

**Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Notice to Wisconsin Residents:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
<b>X</b>	(Seal)

**CONSENSUAL SECURITY INTEREST**

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 your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance. By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
<b>X</b>	(Seal)

Security Interest Acknowledgement and Agreement	Date
<b>X</b>	(Seal)

**SIGNATURES**

By signing or otherwise authenticating below:

- You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.
- You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
<b>X</b>	(Seal)

Other Signature	Date
<b>X</b>	(Seal)

**CREDIT UNION USE ONLY**

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
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Signatures

<b>X</b>	Date (Seal)	<b>X</b>	Date (Seal)
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**Balance Transfer Request**

I would like to transfer the balance from the following credit cards to my new Western New York Federal Credit Union credit card account. The transfer request amount is based upon my/our approved credit terms. *Please complete the necessary information requested below.*

Credit Card Company	Payment Address	Account Number	Balance Due

Balance Transfers are subject to FINANCE Charges as of the date the transfers are posted to your credit card account. Continue to make your payments on the account above until the payment for the transferred amount appears on your statement. Balance Transfers and balance payoffs will not result in closure of your other credit cards and loans. You must notify the institution directly to request account closure. Transfers will NOT be initiated in excess of your approved credit limit.

I authorize Western New York Federal Credit Union to make a payment to the above mentioned creditors.

Cardholder Signature	Date
Cardholder Signature	Date