

CREDIT CARD APPLICATION

SHARE ACCOUNT # _____

NEW CREDIT CARD

CREDIT LIMIT DESIRED: \$ _____

DO YOU WANT AN ADDITIONAL CARD? YES NO IF YES, NAME TO BE PRINTED ON ADDITIONAL CARD _____

MODIFY EXISTING CREDIT CARD

CREDIT CARD # _____

REQUEST CREDIT LIMIT INCREASE TO \$ _____ ADD CO-DEBTOR

OVERDRAFT LIST YOUR CREDIT UNION CHECKING ACCOUNT(S) THAT YOU WANT COVERED BY OVERDRAFT FROM THIS NEW ACCOUNT.

ACCT # _____ ACCT # _____ ACCT # _____

ACCOUNT ACCESS

DO YOU WANT ACCESS TO YOUR CARD VIA: CASHPOINTS (ATM)? YES NO VOICE RESPONSE? YES NO MEMBERCONNECT YES NO

VOICE RESPONSE PASSWORD ___ _ LGFCU DEBIT CARD # _____

ADDITIONAL INFORMATION NEEDED TO PROCESS APPLICATION To process your application we will need income verification in the form of a recent check stub or W-2. If you are self-employed or receive other income such as rental, farming or commission, we need a copy of your most recent tax return. If you receive retirement and/or Social Security income we need a copy of your benefits letter.

TYPE OF CREDIT Married applicants may apply for a separate account

CHECK THE TYPE OF CREDIT YOU ARE APPLYING FOR: INDIVIDUAL JOINT

TELL US ABOUT YOURSELF

NAME _____ SOCIAL SECURITY # _____ BIRTH DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ YEARS AT THIS ADDRESS _____ RENT OWN

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____

NUMBER OF DEPENDENTS (EXCLUDE YOURSELF) _____ AGE(S) _____ COMPLETE FOR JOINT OR SECURED CREDIT: MARRIED SEPARATED SINGLE

HOME PHONE _____ WORK PHONE _____ MOTHER'S MAIDEN NAME _____

CURRENT EMPLOYER _____ TITLE _____ ARE YOU SELF-EMPLOYED? YES NO

STARTING DATE _____ GROSS INCOME \$ _____ PER _____ **OTHER INCOME \$ _____ PER _____

PREVIOUS EMPLOYER (IF AT CURRENT FOR LESS THAN TWO YEARS) _____ PHONE NUMBER _____

TITLE _____ STARTING DATE _____ ENDING DATE _____

Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

NEAREST RELATIVE NOT LIVING WITH YOU

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

TELL US ABOUT ANY CO-APPLICANT

NAME _____ SOCIAL SECURITY # _____ BIRTH DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ YEARS AT THIS ADDRESS _____ RENT OWN

NUMBER OF DEPENDENTS (EXCLUDE YOURSELF) _____ AGE(S) _____ COMPLETE FOR JOINT OR SECURED CREDIT: MARRIED SEPARATED SINGLE

HOME PHONE _____ WORK PHONE _____

CURRENT EMPLOYER _____ TITLE _____ ARE YOU SELF-EMPLOYED? YES NO

STARTING DATE _____ GROSS INCOME \$ _____ PER _____ **OTHER INCOME \$ _____ PER _____

PREVIOUS EMPLOYER (IF AT CURRENT FOR LESS THAN TWO YEARS) _____ PHONE NUMBER _____

TITLE _____ STARTING DATE _____ ENDING DATE _____

Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Application continued on reverse side (over)

