

ACADEMIC FEDERAL CREDIT UNION

C/o Pace University • 861 Bedford Road
 Pleasantville, NY 10570
 Phone: (914) 923-3608 • Fax: (914) 923-3635
 Email: www.afcu@pace.edu



CREDIT CARD DISCLOSURE

Annual Percentage Rate	Variable Information	Grace Period for Repayment of the Balance for Purchases	Method of computing the balance	Annual Fee	Minimum Finance Charge	Transaction Fee for Purchases
12.4% Classic 9.4% Gold	N/A*	25 Days	Average Daily Balance, Excluding New purchases	None	None	None

Transaction fee for purchases: None Late Payment Fee: \$10.00 Over-The-Credit-Limit fee: \$10.00

*N/A: Certain information is not applicable to this credit card plan. The information about the cost of the card in this application/solicitation is accurate as of 11/1/95. This information may have changed after that date. To find out what may have changed, call us at (914) 923-3608.

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 the 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: If you are applying with another person, complete the Applicant and Other Sections.

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

<input type="checkbox"/> LOANLINER® Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(Including ATM/Debit Card Access to the account if Available)</i>	<input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(See Disclosure Table or Agreement for Terms)</i>
Amount Requested \$ _____ Purpose/Collateral: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment	Credit Limit Requested \$ _____ If Authorized User, Name: _____ <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Other _____

Applicant		
NAME (last – First – Initial)	MOTHERS MAIDEN NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE		
BIRTH DATE	HOME PHONE ()	OFFICE PHONE/EXT ()
PRESENT ADDRESS (street – city – state – zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST %

Complete For Joint Credit or if you live in a community property state:
 Married Separated Unmarried (Single– Divorced–widowed)

Employment/Income	Start Date
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.	
EMPLOYMENT INCOME \$ _____ PER _____	OTHER INCOME: \$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

REFERENCE	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	_____
	HOME PHONE _____

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse		
NAME (last – First – Initial)	MOTHERS MAIDEN NAME	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE		
BIRTH DATE	HOME PHONE ()	OFFICE PHONE/EXT ()
PRESENT ADDRESS (street – city – state – zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST %

Complete For Joint Credit or if you live in a community property state:
 Married Separated Unmarried (Single– Divorced–widowed)

Employment/Income	Start Date
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.	
EMPLOYMENT INCOME \$ _____ PER _____	OTHER INCOME: \$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

REFERENCE	RELATIONSHIP
RELATIONSHIP NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	_____
	HOME PHONE _____

State Law Notices

OHIO RESIDENTS ONLY: 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.

WINCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under §766.59, or court decree under §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.

X

SIGNATURE FOR WISONSIN RESIDENTS ONLY

DATE

Signatures

1. 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 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 card report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

2. You have received and read the LOANLINER® Credit and Security Agreement, including the Addendum (“Agreement”), and a Credit Insurance Certificate . By signing below you agree to be bound by the terms of the Agreement.

3. If you are applying for a credit card, you understand that the use of your credit card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures.

4. 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 what you have applied for a credit card, under the credit card agreement. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an individual Retirement Account, and 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.

X

(SEAL)

APPLICANT'S SIGNATURE

DATE

X

(SEAL)

OTHER SIGNATURE

DATE

Credit Insurance Enrollment Form/Schedule

CUNA Mutual Insurance Society - Madison, WI 53701-0391 - Phone: 800/937-2644

“You“ and “Your” means the member and the joint insured (if applicable).

Credit Insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check “yes” and sign your name and write in the date. The rate you are charged for the insurance is subject to change.

You will receive written notice before any increase goes into effect. You agree to pay the charges shown below on the Cost Disclosure. You have the right to stop this insurance by notifying your credit union in writing. Your signature means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

YOU ELECT THE FOLLOWING INSURANCE COVERAGES			COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
	YES	NO		
SINGLE CREDIT DISABILITY			\$195	

If you are totally disabled for more than 14 days, then the Disability Benefit will begin with the 15th day of disability.

ACCOUNT NUMBER	INSURANCE MAXIMUMS	DISABILITY	LIFE
SECONDARY BENEFICIARY (If you desire to name one)	MAXIMUM MONTHLY DISABILITY	N/A	N/A
	BENEFIT	\$30,000	N/A
	MAXIMUM LOAN INSURABLE	N/A	N/A
DATE BIRTH	MAXIMUM AGE FOR INSURANCE		
BORROWER'S DATE OF BIRTH	DATE	CO-BORROWER'S DATE OF BIRTH	

X

SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED (be sure to check the boxes above)

X

SIGNATURE OF JOINT INSURED (CO BORROWER) (only required if Joint Credit life coverage is selected)

For Credit Union Use Only

DATE	APPROVED DENIED (Adverse Action Notice Sent)	Approved Limits	Signature	Line of Credit	Other	Other	DEBT RATIO/SCORE BEFORE	AFTER
			\$	\$	\$	\$		

LOAN OFFICER COMMENTS

SIGNATURES

DATE

DATE