

3501 WESTERN CENTER BLVD. FORT WORTH ,TX. 76137

Application

Account Number	Date	

DEFINITIONS

Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We," "Us" and "Our" refer to Family 1st of Texas Federal Credit Union.

- Complete all the questions, or answer N/A. Attach current pay stub or, if self-employed, Your last 2 years tax returns. We are unable to process incomplete applications.
- Sign the Application.
- Complete Spouse information only if the following apply:
 - This is for joint credit with Your Spouse.
 - Your Spouse will use Your Account.
 - You're relying on Your Spouse's income.
 - You live in a community property state: AZ, CA, ID, LA, NM, NV, TX, WA, WI (or Puerto Rico).

TYPE OF CARD APPLIED FOR

P 1					
□ VISA Gold Credit Card*					
Limit Desired \$	Number of Cards				
Balance Transfer Request \$					
□ VISA Secured Credit Card*					
Limit Desired \$ Number of Cards					
Balance Transfer Request \$					
Please indicate if You would like au	tomatic payment.				
☐ No ☐ Yes — Charge Account	No				

*PLEASE SEE REVERSE SIDE for Important Credit Card Disclosures.

irst Name	Middle Initial	Last Name
Home Address		Length of Time
City	State	Zip
Social Security Number D	river's License Number/State	Date of Birth
()		
Home Telephone	Email Address	
Rent Own Lease	Other \$	
Home	Mor	tgage or Rent Payments
Previous Address if Less Than 2 Years		
	()
Name of Employer	Busi	ness Telephone
Business Address		
City	State	Zip
Gross Monthly Pay	Position	Hire Date
Other Income (Source/Amount)*		Number of Dependents
Name, Address and Telephone Number of Ne	earest Relative Not Living with You	Mother's Maiden Name
Name and Telephone Number of Personal	Reference	

SPOUSE OR CO-APPLIC	CANT	
First Name	Middle Initial	Last Name
Home Address		Length of Time
City	State	Zip
Social Security Number	Driver's License Number/State	Date of Birth
(2410 01 211111
Home Telephone	Email Address	
Rent Own Lease	Other :	Mortage of Boot Bourse
nome		Mortgage or Rent Payments
Previous Address if Less Than 2 Years		,
		()
Name of Employer	Business Telephone	
Business Address		
City	State	Zip
Gross Monthly Pay	Position	Hire Date
Other Income (Source/Amount)*		Number of Dependents
Name, Address and Telephone Number of	f Nearest Relative Not Living with You	Mother's Maiden Name
Name and Telephone Number of Person	nal Reference	
Tame and recognition runned of Ferso	TO O O O O	
* NOTE: Alimony, child support, or separate as a basis for this credit request.	maintenance income need not be re-	vealed if You do not choose to have it considered
ao a basis for trilo credit request.		

SIGNATURES

Account Number

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of the Credit Line Account Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. By signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.

You hereby acknowledge Your intent to apply for joint credit	Applicant's Initials		Co-Applicant's Initials	_		
Applicant Signature		Date	Spous	e/Co-Applicant Signature	Date	
VISA Secured Applicants: If Your credit is approved, You grandicated below and for the amount specified below:	ant Us a specific pledge of	shares in You	ur Share/Certificate Account	Credit Union Use Only:		

Approval Signature

Amount \$

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OTBS 015MB FAM1 (2/15)

FAMILY 1ST OF TEXAS FEDERAL CREDIT UNION 3501 WESTERN CENTER BOULEVARD FORT WORTH, TX 76137

IMPORTANT CREDIT CARD DISCLOSURES. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of the effective date of February 23, 2015. You can call Us at (817) 847-8992 or write Us at 3501 Western Center Boulevard, Fort Worth, TX 76137 to inquire if any changes have occurred since the effective date.

Interest Rate and Interest Ch	arges
Annual Percentage Rate (APR) For Purchases	VISA Gold: 7.90% VISA Secured: 12.00%
Annual Percentage Rate (APR) For Balance Transfers	VISA Gold: 7.90 % VISA Secured: 12.00 %
Annual Percentage Rate (APR) For Cash Advances	VISA Gold: 7.90 % VISA Secured: 12.00 %
How to Avoid Paying Interest on Purchases	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of the statement closing date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore
Fees	
Transaction Fees • Foreign Transaction	1.00% of each foreign currency transaction in U.S. Dollars. 0.80% of each U.S. Dollar transaction that occurs in a foreign country.
Penalty Fees Late Payment Returned Payment	Up to \$10.00 Up to \$25.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

CREDIT CARD APPLICATION

- Quick Approval
- Low Monthly Payments
- No Annual Fee
- No Balance Transfer Fee



(871) 847-8992 www.family1stfcu.org