

Health Care Family Credit Union Visa Debit Card Application

Account #
Primary Member
Social Security #
Street Address
City, State Zip
Home Phone
Work Phone
Joint Owner

By signing below, I/we agree to be liable for all transactions of any kind performed by me/us or anyone to whom I/we entrust my/our card. I/We also agree that use of my/our card constitutes consent to the effective rules and regulations and any applicable amendments as set forth by HCFCU. I/We certify that I/we have received, read, and understand my/our rights, responsibilities and liabilities under Regulation E.

X	Date
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Primary Owner's Signature

X	Date
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Joint Owner's Signature

HCFCU Overdraft Protection Loan Application

You may need to complete additional information including co-applicant data if: 1) this is to be a joint account; 2) you live in a community property state [AZ, CA, ID, LA, NV, NM, TX, WA, WI, Puerto Rico]; or 3) you are relying on your co-applicant's income in applying for this loan. You need not disclose alimony, child support, or separate maintenance income if you do not wish to have it considered as a basis for repaying this loan.

HCFCU Account #	Amount Requested	Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Transfer from HCFCU Checking	Payment Protection Insurance Option	<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Disability
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APPLICANT (LAST/FIRST/MIDDLE)			CO-APPLICANT (LAST/FIRST/MIDDLE)		
ADDRESS		HOW LONG	ADDRESS		HOW LONG
CITY/STATE/ZIP		HOME PHONE	CITY/STATE/ZIP		HOME PHONE
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	<input type="checkbox"/> PARENTS	# DEPENDENTS	MONTHLY PMT.	
SOCIAL SECURITY NO.		BIRTH DATE	SOCIAL SECURITY NO.		BIRTH DATE
EMPLOYER		DATE EMPLOYED	EMPLOYER		DATE EMPLOYED
WORK ADDRESS		WORK PHONE	WORK ADDRESS		WORK PHONE
POSITION		GROSS MO. SALARY	POSITION		GROSS MO. SALARY
OTHER INCOME (source/amount)			OTHER INCOME (source/amount)		
OTHER DEBTS (alimony, support, lease, etc.)			OTHER DEBTS (alimony, support, lease, etc.)		
RELATIVE not living at same address: (name/address/phone)			RELATIVE not living at same address: (name/address/phone)		

I certify that this information is complete and true and submitted for the purpose of obtaining credit. I authorize the Credit Union to obtain any additional information required to process this request and hereby agree and accept all terms and conditions of the loan disclosure statement. I further agree to complete and submit any additional data required.

X	Date	X	Date
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All applicants must submit copies of most recent pay stubs, or tax returns if self-employed.

CREDIT UNION USE ONLY:

Approved

Denied—reason:

Loan Officer

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Date

Debit

ATM