

Please consider my application for a TVFCU Overdraft Line of Credit in the amount of \$_____. I consent to have the credit union obtain my credit report to determine my credit worthiness.

If account has a joint member, both members are required to qualify for ODLOC. Both do not need to receive a Debit MasterCard.

*Yes, I would like to have a Debit MasterCard for:

_____ myself _____ joint

Signature _____ Acct # _____

Joint Signature _____ Date _____

Rent/Own/Mo. Pmt _____

Employment _____ Income _____ per _____

Score(s) _____ Member Center _____

Approved/Denied _____ Date _____