

TONAWANDA VALLEY FEDERAL CREDIT UNION

MasterCard Credit Application

Office Use Only:	Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature _____ Notes: _____	

Standard MasterCard
 Gold MasterCard
Proof of Income Required
 Credit Limit Requested: \$ _____

ACCOUNT # _____

APPLICANT _____

Present Address _____

City/State _____ Zip _____

How Long _____ Rent _____ Own _____

Previous Address _____

City/State _____ Zip _____

How Long _____ Rent _____ Own _____

Social Security No. _____

Date of Birth _____ Telephone No. _____

Email _____

Present Employer _____

How long _____ Phone _____

Annual Income _____

Pay Frequency _____ Weekly _____ Biweekly _____ Monthly

NOTE: Alimony, Child Support, or other maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan

Other Income _____ Source _____

Previous Employer _____ How long _____

ACCOUNT # _____

CO APPLICANT _____

Present Address _____

City/State _____ Zip _____

How Long _____ Rent _____ Own _____

Previous Address _____

City/State _____ Zip _____

How Long _____ Rent _____ Own _____

Social Security No. _____

Date of Birth _____ Telephone No. _____

Email _____

Present Employer _____

How long _____ Phone _____

Annual Income _____

Pay Frequency _____ Weekly _____ Biweekly _____ Monthly

NOTE: Alimony, Child Support, or other maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan

Other Income _____ Source _____

Previous Employer _____ How long _____

I/WE ARE INDEBTED TO THE FOLLOWING CREDITORS:

Please list mortgage or rent payment, all bank or finance company loans, credit cards, installment contracts, medical bills and other outstanding debts. List any debts you may have co-signed. NOTE: All current debts must be listed. Credit information must be listed. Credit information is routinely checked and any debts discovered which are not listed below will delay or prevent the approval of this application.

NAME OF CREDITOR	ACCT #	IND/JT ACCT	BAL.	PMT.	NAME OF CREDITOR	ACCT #	IND/JT ACCT	BAL.	PMT.

Are you liable for alimony, child support or separate maintenance? _____

If yes, what is the amount and frequency of pmts. _____

Do you have any other loan or credit applications pending? _____

If yes, provide creditor name(s) and dollar amt. _____

Have you been denied credit in the last 6 months? _____

Do you have any outstanding judgements against you? _____

If yes attached explanation. _____

Have you ever declared bankruptcy? _____

If yes, date of discharge? _____

Name of nearest relative not living with you.

Name _____ Phone _____

Address _____

Personal reference not living with you.

Name _____ Phone _____

Address _____

Are you liable for alimony, child support or separate maintenance? _____

If yes, what is the amount and frequency of pmts. _____

Do you have any other loan or credit applications pending? _____

If yes, provide creditor name(s) and dollar amt. _____

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Name of nearest relative not living with you.

Name _____ Phone _____

Address _____

Personal reference not living with you.

Name _____ Phone _____

Address _____

All statements made on this application are true and correct to the best of my knowledge. I understand that you will keep this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. If I ask, you will disclose whether you requested a credit report and, if so, the name and address of the agency giving it. I promise to pay all costs of collecting the amount I owe the Credit Union under this agreement, including court costs and reasonable attorney fees.

Signature of Member _____ Date _____ Signature of Co-Applicant _____ Date _____

Annual Percentage Rate (APR)	Standard MasterCard- 13.8% Gold MasterCard- Variable Rate See Below
Variable Rate Information	Your APR may change quarterly on the first day of the statement period beginning on or after January 1, April 1, July 1, and October 1. The variable APR is determined by adding 0 percentage points to the highest domestic prime rate most recently published in the Money section of USA Today as of the first day of the immediately preceding month, but will never be less than 6% nor more than the highest rate permitted by law.
Grace Period for Repayment of Balance for Purchases	No finance charges will be imposed for purchased itemized on your statement if you pay the entire Balance in full within 25 days, provided; (a) your statement shows no previous balance; or (b) you paid the previous balance in full by the date shown on the previous statement.
Cash Advances	No Transaction Fee imposed by the Credit Union
Annual Fee	None
Balance Computation Method	Average Daily Balance (including new purchases)

*This form was printed as of 12/11/2018 using information that was accurate as of that date, and is subject to change after that date. To find out if rates and fees have changed since that time, call us at 1-800-722-8224 or 585-343-5627.

TVFCU MasterCard Application



10 JEFFERSON SQUARE
P.O. BOX 398
BATAVIA, NY 14021
585-343-5627
1-800-722-8224

Earn Bonus Points every time you use your TVFCU MasterCard!
With a TVFCU MasterCard, your options are ENDLESS!



- ✓ Use your TVFCU MasterCard for cash advances at an Cirrus, NYCE and CO-OP ATM or financial institution that accepts MasterCard
- ✓ On-site credit union staff to assist you during credit union business hours
- ✓ Make payments at TVFCU
- ✓ Manage your TVFCU MasterCard by visiting www.EZCardinfo.com. Review your transactions and account info. It's fast, convenient, and "always on" 24 hours a day, 7 days a week!
- ✓ Redeem TVFCU MasterCard Bonus Points for name brand merchandise, travel rewards and cash!

Visit ScoreCardRewards.com and set up your profile in a few simple steps. Then, check your points earned and browse the catalog! Rewards points NEVER expire! Login by going to: www.scorecardrewards.com

