

VISA AND MASTERCARD SHORT FORM FOR ADDITIONS & CHANGES TO EXISTING ACCOUNTS

Check and complete all applicable sections

Member's Name (last)	(First)	(Initial)	Credit Union Account #
Street	City/State		Zip Code
H) Phone # _____	W) Phone # _____	Credit Card Acct # _____	
C) Phone # _____	E-Mail Address _____		

Increase Credit line for (check appropriate boxes)	
<input type="checkbox"/> Visa - New Limit \$ _____ (max. \$20,000)	<input type="checkbox"/> MasterCard - New Limit \$ _____ (max. \$10,000)
Salary: Weekly _____ Semi-Monthly _____ Monthly _____	
Other Income \$ _____ per _____	Source(s) of Other Income _____
Monthly Rent/Mortgage \$ _____	ATTACH COPY OF CURRENT PAY STUB, SOCIAL SECURITY INCOME OR INCOME TAX RETURN

I/We certify that the information on this form is accurate and acknowledge that the Credit Union will rely on this information to make its credit decision. I/We understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a loan application made to a federally chartered credit union. I/We understand that Internet gambling may be illegal in the jurisdiction in which I/we are located and that I/we will only use the card for legal transactions and not illegal transactions including Internet gambling. I/We understand that display of a payment card logo by the on-line merchants or Internet sites does not mean that the transactions are lawful. If this form applied to a VISA credit card account, I/we acknowledge receiving, reading and agree to be bound by all of the terms and provisions of the Credit Union's VISA Account Agreement and Truth-in-Lending Disclosures and Billing Rights Notice. If this form applied to a MasterCard credit card account, I/we acknowledge receiving, reading and agree to be bound by all of the terms and provisions of the Credit Union's MasterCard Account Agreement and Truth-in-Lending Disclosures and Billings Rights Notice.

Applicant's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____

After completing this application, please mail it to the Credit Union in an envelope addressed to:

MEFCU Loan Department / Box 2000 / Rahway NJ 07065

Or, return via interoffice mail to: MEFCU RY32-15

Do not Write Below – For Credit Union Use Only			
LOAN OFFICER <input type="checkbox"/> Approved as submitted <input type="checkbox"/> Rejected <input type="checkbox"/> Counteroffer will be made If accepted, request approved	DATE COUNTEROFFER	CREDIT LINE \$ _____	INCREASED CREDIT LINE TO \$ _____ NUMBER OF CARDS ISSUED
SPECIFIC REASON(S) FOR REJECTION			
LOAN OFFICER(S) SIGNATURES			
<input type="checkbox"/> ECOA Notice and Reason for Rejection sent or delivered on:	DATE	SIGNATURE	

