

VISA SUBSEQUENT ACTION FORM

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 # _____

Cell Phone # _____ Email _____

SECTION 1 – Issue a Visa Traditional Visa Signature **(check appropriate box)**

Amount Requested \$ _____ Traditional (Min. \$500 Max. \$4,999) Signature (Max. \$20,000)

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**

SECTION 2 – Increase Credit line for **(check appropriate boxes)**

New Limit \$ _____ (max. \$20,000)

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**

SECTION 3 – Add the applicant to an existing account as a co-borrower who will be responsible for repaying all charges on the credit card account

Co-Borrower's Last Name _____ First _____ Initial _____ Date of Birth _____

Street _____ City _____ State/Zip Code _____ Social Security No. _____

_____ *Signature of Co-Borrower*

SECTION 4 – Request an additional card as an authorized user who will not be a co-borrower and will not be responsible for repaying any charges on the credit card account

Authorized User's Last Name _____ First _____ Initial _____

_____ Social Security No. _____ Date of Birth _____

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.

Applicant's Signature _____

Date _____

Co-Borrower's Signature _____

Date _____

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	CREDIT LINE \$	INCREASED CREDIT LINE TO \$
	COUNTEROFFER		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	