

PO Box 60651, Montclair, CA 91763-1126 Phone: 800-245-0433 Fax: 909-981-7055

Applicant Information

NEW CHURCH CORPORATE VISA®

CREDIT LIMIT INCREASE REQUEST AMOUNT \$ _____ ACCOUNT# _____

NAME OF CHURCH:	TAX ID NUMBER:
CHURCH ADDRESS:	PHONE NUMBER:
CHURCH PASTOR:	FAX NUMBER:
FINANCE COMMITTEE CHAIRPERSON:	CHAIRPERSON'S PHONE NUMBER:
FINANCE COMMITTEE SECRETARY:	CHAIRPERSON'S EMAIL ADDRESS:

REQUIRED DOCUMENTS FOR APPLICATION

If your credit card limit request is \$10,000 or less, please submit the following:

1. Completed Church Corporate VISA application form.
2. Board of Trustees and/or Finance Committee meeting minutes approving/authorizing VISA application with Interfaith Federal Credit Union. Minutes should include:
 - a. Printed copy on church letterhead signed by board and/or committee secretary.
 - b. How church/organization name is to read on the card(s).
 - c. Number of credit card holders and full names of authorized card signers.
 - d. Individual limits on each card (aggregately not to exceed total account limit).
3. Completed card signer authorizations forms, including clear photocopy of valid I.D.
4. Copies of most recent Table 2 and Table 3 as submitted to respective Annual Conference.

If total credit card limit request is \$10,000 or more, submit the first 3 items listed on column to the left along with additional documentation listed below:

4. Copies of Church Balance Sheet and Income Statement for previous 2 years.
5. Corporate Resolution signed by Board of Trustees and/or Finance Committee.
6. Approval letter from your District Superintendent.

SIGNATURES

Please read the following carefully before signing. This application is submitted to obtain credit, and we certify that all information herein is true and complete. We agree that inquiries may be made to verify information and that credit references or verifications may be given based on inquires from other parties. The offer is subject to the credit policies of this institution. We agree to be bound by the terms and conditions of the Credit Union card agreement, a copy of which will be mailed to the applicant(s) if this application is granted, receipt of such agreement and the acceptance of such terms to be conclusively presumed by the applicant's use. The undersigned should be jointly and severally liable for any and all credit extended from time to time.

FINANCE COMMITTEE CHAIRPERSON PRINT NAME:	FINANCE COMMITTEE CHAIRPERSON SIGNATURE: X	DATE
FINANCE COMMITTEE SECRETARY PRINT NAME:	FINANCE COMMITTEE SECRETARY SIGNATURE: X	DATE

LIEN ON SHARES

By signing below you understand and agree that if you are in default on this Account, we may impress and enforce a lien on all shares (except IRA accounts) then on deposit with us to repay the unpaid balance of the Account in accordance with the Federal Credit Union Act and our Bylaws.

AUTHORIZED SIGNATURE: X	DATE
AUTHORIZED SIGNATURE: X	DATE

Agreement

“You” and “Your” mean each and all of the applicants signing on the reverse.

1. You certify the accuracy of the information given in this application and you will notify the Credit Union in writing immediately if there is any change in your financial condition. It is a violation of Section 1014, Title 18, U.S. Code, to make a false statement of overvalue security for the purpose of influencing the action of any federally insured Credit Union.
2. You authorize the Credit Union to gather whatever credit and employment information it considers appropriate from time to time (you understand that this will assist, for example, in determining your eligibility for renewal of credit and additional extensions of credit). You authorize the Credit Union to give information concerning your credit experience with us to others. You understand and agree that the Credit Union may retain this application and any other information the Credit Union may receive.
3. You agree that by using or authorizing another to use the Account, you will be bound by the terms and conditions of the Interfaith Federal Credit Union Agreement entitled Variable-Rate VISA® Classic and Platinum Credit Card Agreement and Federal Truth-in-Lending Disclosure Statement, (which will be given to you if your application is approved and before the first transaction is made).

INTEREST RATES AND INTEREST CHARGES

APRs for Variable-Rate Classic and Platinum VISA Accounts:

Annual Percentage Rate (APR) for Purchases, Cash Advances & Balance Transfers	8.90% to 18.00% Based on your credit worthiness. This APR will vary with the market based on the Prime Rate.
--	--

APRs for Variable-Rate Secured VISA Accounts:

Annual Percentage Rate (APR) for Purchases, Cash Advances & Balance Transfers	8.90% to 18.00% Based on your credit worthiness. This APR will vary with the market based on the Prime Rate.
--	--

How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of the billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
--	---

For Credit Card tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for a credit card, visit the website of the Consumer Financial Protection Bureau at: https://www.consumerfinance.gov/learnmore
---	--

Fees

Annual Fee	None
Transaction Fees • Balance Transfer • Cash Advance • Foreign Transactions	None None 0.8% in U.S. dollars of each transaction for single currency international transactions. 1.00% in U.S. dollars of each transaction for multi-currency international transactions.
Penalty Fees • Late Payment • Returned Payment	Up to \$25.00 if the Minimum Payment Due is not paid within 5 days of the Payment Due Date. Up to \$25.00

How We Will Calculate Your Balance: We use a method called “Average Daily Balance (Including Current Transactions).”

The information about the costs of the cards described in this application is accurate as of September 1, 2020. This information may have changed after that date. To find out what may have changed, call us at (800) 245-0433. **SECURED CREDIT CARD NOTICE:** If you are issued a secured credit card, the Credit Union will take a security interest in your funds on deposit with the Credit Union.

ACKNOWLEDGEMENT OF PLEDGE OF SHARES (VISA SECURED APPLICANTS ONLY)

By signing below, the undersigned, _____, hereby pledges to Interfaith Federal Credit Union a security interest in your account number equal to your VISA credit limit to secure your VISA Secured Account. You understand and agree that you must maintain at least this amount in the account referenced above until your entire credit card balance is repaid and your account is closed. You understand this is a condition of your receiving a VISA Secured Card Account. In the event you default on the VISA Secured Credit Card Agreement, these funds will be applied to the amount owing.

AUTHORIZED SIGNATURE:

X

DATE

AUTHORIZED SIGNATURE:

X

DATE

FOR INTERNAL USE ONLY

VISA ACCOUNT NO.: _____ DATE APPROVED _____
CREDIT LIMIT \$ _____ APPROVED BY: _____

