



The Educated Choice

2410 North Ocean Avenue, P.O. Box 9029, Farmingville, New York, 11738-9029 Tel: (631) 698-7000 Fax: (631)698-7004

**Teachers Federal Credit Union
VISA Credit Card Application**

(The following application is to be filled out online and printed by the applicant, upon completion, please fax (631-698-7004), mail to TFCU, 2410 North Ocean Avenue, P.O. Box 9029, Farmingville, NY 11738 or drop off at any convenient branch location)

Please supply verification of income (latest paystub) with this completed application.

Visa Classic Enhanced Low Rate Secured Platinum

Applicant Information		Co-Applicant/Spouse
\$ Line of Credit Requested		
Member Account #		
Name (First,MI,Last)		
Home Address		
City, State, Zip		
Years at Present Address		
Home Phone #		
Business Phone #		
Birth date		
Social Security #		
Employer		
Position		
Years with present Employer		
Business Address		
Previous Employer (if less than 3 yrs at present job)		
Gross Monthly Income		
Mortgage/Rent		
Other Monthly Debt		
Other Monthly Income*		
Source		
Have you ever declared bankruptcy?	Yes / No	Yes / No
Are any of your debts past due?	Yes / No	Yes / No
Have you ever had property repossessed?	Yes / No	Yes / No
Have you ever declared bankruptcy?	Yes / No	Yes / No
Are any of your debts past due?	Yes / No	Yes / No
Have you ever had property repossessed?	Yes / No	Yes / No

* Note: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

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VISA Classic Options	Annual Fee	APR	Monthly Periodic Rate
Enhanced Classic	0	12.84%	1.07%
Low Rate Classic	0	9.84%	0.82%
Secured Classic	0	7.20%	0.60%
Platinum	0	9.96%	0.83%

CREDIT INSURANCE APPLICATION

"You" or "Your" means a member and the joint insured (if applicable).

Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means that you agree that:

If you elect insurance, you authorize the credit union to add charges for insurance to your loan each month.

Credit Insurance Schedule				
Maximum Monthly Disability Benefit	Maximum Amount of Loan Insurance		Maximum Age For Insurance	
None	Life: \$30,000	Disability: \$30,000	Life: None	Disability: None
If you are totally disabled for more than 14 days, the disability benefit will begin.				

You agree to pay the charges shown.

Cost Disclosure:

Credit Life rate per \$100 of the monthly Loan Balance is \$.063 for Single Coverage or \$.10 for Joint Coverage. Credit Disability rate per \$100 of the Monthly Loan Balance is \$.20.

Please Print or Type Name of Member Account #

Coverage Selected:

Single Credit Life	Yes / No
Joint Credit Life	Yes / No
Credit Disability	Yes / No

Date of Birth / Signature of Member / Date

Date of Birth / Signature of Joint Insured / Date
(Only required if Joint Coverage)

I/we certify that the information given on this application is complete and true and submitted for the purpose of obtaining credit. I/we authorize the credit union to use any credit reporting agency or otherwise verify the information and answer questions and requests from others like banks and credit agencies about my/our credit experience information. I/we understand and agree that by me/us requesting that monies be disbursed to myself or other that I/we agree and accept all terms and conditions of the loan disclosure statement.

Applicant Signature / Date

Co-Applicant/Spouse Signature / Date

PLEDGE OF SHARES

Upon default or upon (1) adverse re-evaluation of my credit worthiness or (2) my failure to satisfy the terms of this agreement, I hereby, pledge and give the credit union a security interest in all shares and/or deposits and payments and earnings thereon which I/we then or thereafter may have, whether held individually, jointly, or in trust, as security for any and all monies advanced under this plan and the interest and late charges, if any, accrued thereon and authorize the credit union, in case of default, to apply same to payment of said obligation.

The Credit Union shall have the lien on shares and/or deposits for sums due the Credit Union as provided in the Credit Union Act or other laws of this state or the right to impress a lien on shares provided for in the Federal Credit Union Act, as the case may be.

No statutory lien nor right to impress a lien and no pledge of shares and/or deposits shall apply to any shares or deposits which may be held pursuant to any individual retirement account or self employed plan qualifying as such as under the Internal Revenue Code.

	ENHANCED VISA CLASSIC	LOW RATE VISA	SECURED VISA	PLATINUM VISA
ANNUAL PERCENTAGE RATE	12.84%	9.84%	7.20%	9.96%
GRACE PERIOD FOR REPAYMENT OF PURCHASES	You have 25 days, starting with the billing date on the statement, to repay your balance before a finance charge will be imposed.			
Method of computing the balance for purchases	Average daily balance, including new purchases			
Annual Fees	None			
Minimum Payment Amount	\$10.00			
Transaction fee for cash advances	None			
Late payment fee	\$10.00			
Over-the-credit-limit fee	None			
Minimum Monthly Payment	2% of the outstanding balance			
The information provided in this disclosure is accurate as of 7/01/2008. If you have any questions relative to this disclosure, you may request clarification by calling 631-698-7000 extension 3610				