



**St. Tammany**  
Federal Credit  
Union

550 Pontchartrain Drive  
Slidell, LA 70458  
(985) 643-1237  
Fax (985) 643-4651  
www.sttammanyfcu.org

# CREDIT CARD APPLICATION



There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at \_\_\_\_\_ or writing to us at the address stated on this application.

**Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.**

**Individual Credit:** You must complete the Applicant section about yourself and the Other section about your spouse if

1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** Each Applicant must **individually** complete appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

**Credit Card Account:**  Individual  Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant	Date
<b>X</b>	(Seal)

Co-Applicant	Date
<b>X</b>	(Seal)

Credit Limit Requested \$

If Authorized User, Name:

**Guarantors Complete OTHER section below.**

## APPLICANT

**OTHER**  CO-APPLICANT  SPOUSE  GUARANTOR  OTHER

NAME (Last - First - Initial)

NAME (Last - First - Initial)

ACCOUNT NUMBER

SOCIAL SECURITY NUMBER

ACCOUNT NUMBER

SOCIAL SECURITY NUMBER

BIRTH DATE

EMAIL ADDRESS

BIRTH DATE

EMAIL ADDRESS

HOME PHONE

CELL PHONE

BUSINESS PHONE/EXT.

HOME PHONE

CELL PHONE

BUSINESS PHONE/EXT.

DRIVER'S LICENSE NUMBER/STATE

AGES OF DEPENDENTS

DRIVER'S LICENSE NUMBER/STATE

AGES OF DEPENDENTS

PRESENT ADDRESS (Street - City - State - Zip)

OWN  RENT

PRESENT ADDRESS (Street - City - State - Zip)

OWN  RENT

LENGTH AT RESIDENCE

LENGTH AT RESIDENCE

PREVIOUS ADDRESS (Street - City - State - Zip)

OWN  RENT

PREVIOUS ADDRESS (Street - City - State - Zip)

OWN  RENT

LENGTH AT RESIDENCE

LENGTH AT RESIDENCE

MORTGAGE/RENT OWED TO

MORTGAGE/RENT OWED TO

MORTGAGE BALANCE  
\$

MONTHLY PAYMENT  
\$

INTEREST RATE  
%

MORTGAGE BALANCE  
\$

MONTHLY PAYMENT  
\$

INTEREST RATE  
%

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

## EMPLOYMENT/INCOME

START DATE

## EMPLOYMENT/INCOME

START DATE

EMPLOYMENT STATUS  FULL TIME  PART TIME

EMPLOYMENT STATUS  FULL TIME  PART TIME

NAME AND ADDRESS OF EMPLOYER

NAME AND ADDRESS OF EMPLOYER

**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

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EMPLOYMENT INCOME PER  
\$

OTHER INCOME PER  
\$

EMPLOYMENT INCOME PER  
\$

OTHER INCOME PER  
\$

TITLE/GRADE

SOURCE

TITLE/GRADE

SOURCE

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS

STARTING DATE

ENDING DATE

STARTING DATE

ENDING DATE

<b>MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	<b>MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____							
<b>REFERENCE</b>								
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU								
RELATIONSHIP _____	HOME PHONE _____							
<b>WHAT YOU OWE</b>								
DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY			
					APPLICANT	OTHER		
<input type="checkbox"/> RENT		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:		<b>TOTALS</b>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
<b>WHAT YOU OWN</b>								
ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN				OWNED BY	
			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	APPLICANT	OTHER
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER INFORMATION ABOUT YOU</b>		<b>IF YOU ANSWER "YES" (BY CHECKING THE BOX) TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET</b>				<b>APPLICANT</b>	<b>OTHER</b>	
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?						<input type="checkbox"/>	<input type="checkbox"/>	
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?						<input type="checkbox"/>	<input type="checkbox"/>	
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?						<input type="checkbox"/>	<input type="checkbox"/>	
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan):  TO WHOM (Name of Creditor):						<input type="checkbox"/>	<input type="checkbox"/>	

**STATE LAW NOTICE(S)**

**Notice to Nebraska Residents:** A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

**Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Notice to Wisconsin Residents:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
X	(Seal)

**CONSENSUAL SECURITY INTEREST**

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

**SIGNATURES**

By signing or otherwise authenticating below:

1. You promise that everything you have stated in this application is correct to the best of your knowledge, and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.
2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

**CREDIT UNION USE ONLY**

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
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Signatures

	Date
X	(Seal)

	Date
X	(Seal)