



# SAVANNAH SCHOOLS FEDERAL CREDIT UNION

P.O. Box 8184, Savannah, GA 31412

912.201.5539 or 912.355.9099 and Fax 912.231.1422 or 912.355.9360



AMERICA'S CREDIT UNIONS

## LOAN APPLICATION

Please check if you are applying for:  INDIVIDUAL CREDIT  JOINT CREDIT  GUARANTOR

Loan Type:  VEHICLE  PERSONAL  HOME EQUITY / LINE OF CREDIT  (See Reverse)  OTHER (Specify Below)

Payment Protection Plan:  SINGLE LIFE  JOINT LIFE  DISABILITY  NONE

Term of repayment:  12 MONTHS  18 MONTHS  24 MONTHS  36 MONTHS  48 MONTHS  60 MONTHS  OTHER (SPECIFY) \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

APPROVED: \$ \_\_\_\_\_

DECLINED: \_\_\_\_\_

ACCT # \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Purpose of loan (MUST be completed)

#### APPLICANT'S NAME ( first, middle initial, last)

SSN \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWN  or RENT  # YEARS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

Email ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ SCHOOL \_\_\_\_\_ DEPT \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ JOB START DATE \_\_\_\_\_

HOW OFTEN ARE YOU PAID:  Weekly  Bi-weekly  Monthly  Semi-monthly  
GROSS INCOME \_\_\_\_\_ NET INCOME \_\_\_\_\_

OTHER INCOME \* \_\_\_\_\_ per SOURCE \_\_\_\_\_

NEAREST 2 RELATIVES NOT LIVING WITH YOU  
1.Name \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

2.Name \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

DEBTS	MONTHLY PAYMENT	COMMENTS
Mortgage / Rent	\$ _____	_____
Vehicle	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

#### CO-APPLICANT'S NAME ( first, middle initial, last)

SSN \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWN  or RENT  # YEARS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

Email ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ SCHOOL \_\_\_\_\_ DEPT \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ JOB START DATE \_\_\_\_\_

HOW OFTEN ARE YOU PAID:  Weekly  Bi-weekly  Monthly  Semi-monthly  
GROSS INCOME \_\_\_\_\_ NET INCOME \_\_\_\_\_

OTHER INCOME \* \_\_\_\_\_ per SOURCE \_\_\_\_\_

NEAREST 2 RELATIVES NOT LIVING WITH YOU  
1.Name \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

2.Name \_\_\_\_\_

Address \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

DEBTS	MONTHLY PAYMENT	COMMENTS
Mortgage / Rent	\$ _____	_____
Vehicle	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

\* NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

ADDITIONAL INFORMATION / COMMENTS

\_\_\_\_\_

I (we) certify that everything in this application, whether oral, written, or electronic is true and correct to the best of my (our) knowledge. The Credit Union is authorized to investigate my (our) credit-worthiness, employment history, and to obtain a credit report and to answer questions about its credit experience with you. I (we) understand that any false or misleading statements in this application may cause any loan or extension to be in default. I (we) understand that 18 U.S.C. Paragraph 1014 makes it a federal crime to knowingly make any false statement on this application. The USA Patriot Act requires that the Credit Union verify the identity of all account holders. The Credit Union may ask you or your Co-Applicant to show proof of identity. The Credit Union will retain this application whether or not it is approved. The Credit Union is hereby authorized to charge any of my (our) share accounts a \$20 application fee whether or not the loan is approved.

**X** \_\_\_\_\_  
APPLICANT'S Signature Date

**X** \_\_\_\_\_  
CO-APPLICANT'S Signature Date



**SAVANNAH SCHOOLS FEDERAL CREDIT UNION**

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**VISA Credit Card Solicitation and Disclosure**

The below stated disclosure is effective March 1, 2011:

Membership in Savannah Schools Federal Credit Union is required to apply for and receive a credit card account. A Savings account with a minimum balance of \$25 establishes membership. Savannah Schools Federal Credit Union requires a fully completed and signed credit card application to issue credit. Our credit limits are based on your monthly or annual income or assets, and credit worthiness. Changes to the terms offered for new accounts may be made without notice.

<b>INTEREST RATES and INTEREST CHARGES</b>	
<b>Annual Percentage Rate (APR) for Purchases, Balance Transfers, and Cash Advances</b>	<b>9.9%</b> Introductory APR for 12 months (FIRST YEAR) from the issuance of the card. When the discounted period expires, the APR on existing balances will increase to the new non-discounted rate on the first day of the billing cycle.  After that your APR will be <b>12.9%</b> .
<b>Minimum Payment Requirement</b>	Your minimum monthly payment is 3% of your statement ending balance plus any unpaid payment amounts from previous statements plus any amount owed over your credit limit or \$20, whichever is greater.
<b>Minimum Interest Charge</b>	None – or – if you are charged interest, the charge will be no less than \$1.00. The minimum interest charge will be charged on any dollar amount.
<b>Paying Interest / How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
<b>For Credit Card Tips from the Federal Reserve Board</b>	To learn more about factors to consider when applying for or using a credit card, visit the Web site of the Federal Reserve Board at <a href="http://www.federalreserve.gov/credit card">http://www.federalreserve.gov/credit card</a> .
<b>F E E S</b>	
<b>Annual Fee</b>	None
<b>Transaction Fees</b>	
• <b>Balance Transfer Fee</b>	None
• <b>Cash Advance Fee</b>	None
• <b>Foreign Transaction Fee</b>	Up to 1% of each currency transaction in U.S. dollars
<b>Penalty Fees</b>	
• <b>Late Payment Fee</b>	Up to \$29
• <b>Returned Payment Fee</b>	Up to \$29
• <b>Over-the-Limit Fee</b>	None
<b>Other Fees</b>	
• <b>Replacement Card Fee</b>	\$7 per card
• <b>Pay-By-Phone Fee</b>	Up to \$5
• <b>Statement Copy Fee</b>	\$2 per photocopy page
<b>Collection Costs</b>	You agree to pay all costs of collecting the amount you owe under this Agreement, including court costs and reasonable attorney's fees
<b>How We Will Calculate Your Balance</b>	We use a method called "Average Daily Balance" including new purchases.

I (we) understand that the use of the Credit Union's credit card will constitute acknowledgement of receipt and agreement to the terms of the Credit Card Agreement. A condition of my (our) account is that I (we) grant the Credit Union a security interest in my (our) share deposit accounts. By signing below I (we) grant the Credit Union a security interest in all individual and joint share and/or deposit accounts that I (we) have with the Credit Union now and in the future to secure my (our) credit card account. Shares and deposits in an Individual Retirement Account (IRA) and any other account that would lose special tax treatment under State or Federal law if given as security are not subject to this security interest. When I (we) are in default, the Credit Union may apply the balance in these accounts to any amounts due under the Credit Card Agreement.

I (we) further understand that the actual credit card is property of the Credit Union and may be cancelled or surrendered at any time.

**X**  
 \_\_\_\_\_  
 APPLICANT'S Signature

\_\_\_\_\_ Date

**X**  
 \_\_\_\_\_  
 CO-APPLICANT'S Signature

\_\_\_\_\_ Date