



Branch: HO SO OI

PRE-APPROVED DEBIT MASTERCARD LINE OF CREDIT APPLICATION FORM

Account No.: LOC Amount
Legal Last Name: Middle Name(s):
Legal First Name: Date of Birth:(mm/dd/yyyy)
National ID No.: Gender: Female Male
Marital Status: Single Married Divorced Separated
Employer: Occupation:
Permanent Address: City/Town:
State: Country: Zip/Postal Code:
Mailing Address (Only if different from above)
City/Town: State
Zip/Postal Code: Country:

CONTACT INFORMATION

Home No.: Work No.: Mobile No.(s)
Email Address:

OFFICIAL USE ONLY

Date Received Officer 'sName
Approved by Officer's Signature
Approver's Signature Date Approved Auto Decision

I/We hereby declare that the information given in this form and attachments are true, complete and accurate. I/we understand that you will rely on this information in your decisions to grant me/us credit/facilities from time to time. I/We undertake to notify the Credit Union immediately of any situation, which materially changes the representation of this application.

Confidentiality Clause: I/We authorize you to obtain further information on my/our credit and employment history and any such sources hereby authorized to provide the request information. You are authorized to disclose to any credit bureau and other credit grantor any information about my/our credit history. I/We agree to jointly and severally indemnify you against any and all claims in damages or otherwise arising from such disclosure on your part. By signing this application, the applicant and co-applicants (if any) have read and agree to the terms and conditions of the use detailed in the attached supplemental documents which forms part of this application and you and hereby acknowledge a copy of these documents.

Applicant's Signature

Date



YOUR CARD FOR EVERYDAY & EVERYWHERE
THE AFFINITYPLUS DEBIT MASTERCARD.