

VISIT US AT WWW.SMECU.ORG



## VISA Credit Card

Eliminate many of the fees associated with credit cards issued by banks and credit card companies by having a SMECU VISA credit card. Our members enjoy no annual fees and a 25-day grace period to payoff purchases which are rare in today's financial market. Here's even more reasons to switch:

- No annual fee
- 25-day grace period
- No cash advance fee
- Worldwide ATM access
- Minimum payment is 2% of unpaid balance
- Automatic payment from SMECU savings or checking
- Make payments online
- VISA ScoreCard points

Complete the application and return it to a loan officer or apply online at [www.smecu.org](http://www.smecu.org).



**Office Hours:**  
Mon., Tues., Thurs. & Fri. 8am - 5pm  
Wed 10am - 5pm



1558 1st Street  
Sarasota, FL 34236  
(941) 953-6744  
FAX: (941) 365-4966  
SAMM 1-800-860-5704  
[www.smecu.org](http://www.smecu.org)



# VISA CREDIT CARD



*Serving those that serve Sarasota*

# VISA Quick APPLICATION

Please print all of the requested information below in ink. Incomplete application will be returned.

I/We wish to apply for:  Regular VISA Card  Secured VISA Card  
 Individual Account  Joint Account  
 Credit Limit Requested: \$ \_\_\_\_\_ Your Member # \_\_\_\_\_

## APPLICANT (please attach current paystub or last year's W-2 form)

Last Name: First: Initial: Social Security : Date of Birth: \_\_\_\_\_  
 Current Address: City: ST: Zip: How long at address: \_\_\_\_\_  
 Driver's License #: Home Phone: Work Phone: Email Address: \_\_\_\_\_  
 Employer: Employer Address: Position: How long there: \_\_\_\_\_  
 # of Dependents (including self): Gross Monthly Income: \$ Other Income: \$ Mother's Maiden Name: \_\_\_\_\_

## CO-APPLICANT (please attach current paystub or last year's W-2 form)

Last Name: First: Initial: Social Security : Date of Birth: \_\_\_\_\_  
 Current Address: City: ST: Zip: How long at address: \_\_\_\_\_  
 Driver's License #: Home Phone: Work Phone: Email Address: \_\_\_\_\_  
 Employer: Employer Address: Position: How long there: \_\_\_\_\_  
 # of Dependents (including self): Gross Monthly Income: \$ Other Income: \$ Mother's Maiden Name: \_\_\_\_\_

## YOUR CREDITORS (Attach additional sheet if necessary)

Name of Creditor	City/State	Account Number	Balance Due	Monthly Payment
1.				
2.				
3.				
4.				

Do You:  Rent - Landlord: Monthly Rent/Mortgage: \$ \_\_\_\_\_ Have you ever filed bankruptcy?  Yes  No  
 Own - Mortgage Holder:  Own - No Lien Value of Home: \$ \_\_\_\_\_

Name of relative not living with you: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Additional Card Request for Authorized User: \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth date: \_\_\_\_\_

## VISA CARD RATE SCHEDULE

ANNUAL PERCENTAGE RATE FOR PURCHASES AND CASH ADVANCES	GRACE PERIOD FOR REPAYMENT OF THE BALANCE OF PURCHASES	METHOD OF COMPUTING THE BALANCE OF PURCHASES AND CASH ADVANCES	ANNUAL FEE
10.90% APR	25 DAYS	AVERAGE DAILY BALANCE (INCLUDING NEW BALANCES)	NONE

Over-the-limit fee: \$20. Late fee: \$20. The information about the cost of the card described in the application is accurate as of January 1, 2009. This information may be changed after that date. To find out what may have changed, call or write to us at the number or location listed in this brochure or visit our website at [www.smecu.org](http://www.smecu.org).

## CREDIT AGREEMENT (Signature of all applicants required)

I am currently employed and certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish or request of this credit union information concerning me or my affairs. (Sec. 1014, Title 18, U.S. Code, makes it a federal crime to knowingly make a false statement or report in the application for the purpose of influencing the credit union.)

Applicant Signature: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVED/DECLINED BY: \_\_\_\_\_ CREDIT LIMIT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_