

Keystone United Methodist Federal Credit Union Credit Card Application

Please print this form, fill it out and fax to (724)776-1377

FILLABLE

General Information

Will you be applying for Individual or Joint Credit: Joint Individual

If applying for joint credit, please sign below to verify that you intend to apply for joint credit

Applicant:

Co-Applicant:

Marital Status: Complete marital status if this application is for:

a. Joint or secured credit, or

b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Unmarried

Married

Separated

This loan is not for joint or secured credit and I do not live in the states listed above.

Type of Card Requested:

Number of Cards Requested:

Limit Requested:

Primary Applicant:

Last Name:

Member Number:

First Name:

Middle Name:

Social Security Number (TIN):

Date of Birth:

Number of Dependents:

Ages of Dependents:

Home Phone Number:

Work Phone Number:

Other Phone Number:

Email Address:

Drivers License #:

Drivers License State:

Mother's Maiden Name:

Home Address

Address 1:

Address 2:

City:

State, Zip:

Time at Current Residence:

Residence Type: Rent Own Other:

Monthly Payment:

Previous Address

Address 1:

Address 2:

City:

State, Zip:

Time at Previous Residence:

Residence Type: Rent Own Other:

Present Employer

Name:

Phone Number:

Employment Status: Full Time Part Time Temp Retired Other (please specify):

Job Title:	Job Start Date:
Gross Salary:	per Year Month Hour
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.	
Other Income:	per Year Month Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status:	Full Time Part Time Temp Retired Other (please specify):
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per Year Month Hour
Co-Applicant:	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number:	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: Rent Own Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: Rent Own Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status:	Full Time Part Time Temp Retired Other (please specify):
Job Title:	Job Start Date:
Gross Salary:	per Year Month Hour
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.	

Other Income:	per	Year	Month	Hour
Other Income Source:				
<i>Previous Employer</i>				
Name:	Phone Number:			
Employment Status:	Full Time	Part Time	Temp	Retired Other (please specify):
Job Title:	Job Start Date:			
Job End Date:				
Gross Salary:	per	Year	Month	Hour
Additional Information				
How would you prefer to be contacted? Home Phone Work Phone Other Phone Email Address Other:				
Special Instructions/Comments:				
Signatures				
Primary Applicant Signature:			Date:	
Co-Applicant Signature:			Date:	