



**CHURCH VISA APPLICATION**

Please list the authorized users for the account:

	Last Name	First Name	Middle
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Church Name \_\_\_\_\_ Fed Tax ID# \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Business Phone # \_\_\_\_\_

	*Personal Cell	*Social Security #	Birth Date	Issue Visa y/n	Limit Request \$
Name 1.	_____ /	_____ /	_____ /	_____ /	_____ / \$
Name 2.	_____ /	_____ /	_____ /	_____ /	_____ / \$
Name 3.	_____ /	_____ /	_____ /	_____ /	_____ / \$
Name 4.	_____ /	_____ /	_____ /	_____ /	_____ / \$

\* for security and fraud protection only

**SIGNATURES REQUIRED**

Name 1. \_\_\_\_\_

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

Name 3. \_\_\_\_\_

Name 4. \_\_\_\_\_

Year Church was incorporated - \_\_\_\_\_  
 Present Membership - \_\_\_\_\_  
 Average Attendance at Worship - \_\_\_\_\_  
 Number of contributing families - \_\_\_\_\_  
 Average monthly cash flow amount - \_\_\_\_\_

**Visa Summary of Terms**

Annual Percentage Rate for Purchases & Cash Advance	11.90%
Grace Period for Repayment of Balance for Purchases	25 days
Late Payment Fee	\$20.00
Over the Limit Fee	None
Annual Fee	None
Cash Advance Fee	None
Minimum Finance Charge	None
Transaction Fee for purchases	None

Please return with:

- Corporate Resolution
- Recent Financial Statement and current Annual Report
- Photo ID of each person signing

TO:

Keystone United Methodist Federal Credit Union  
 P.O. Box 2088  
 Cranberry Township, PA 16066  
 Fax 724-776-1377

Method of computing the balance for purchases is figured on the average daily balance, including new purchases