

COPFCU

Banking on a First-Name Basis

PRIMARY MEMBER INFORMATION

MEMBER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE NUMBER () _____

CELL PHONE NUMBER () _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

RENT OR MONTHLY LENGTH OF
 OWN PAYMENTS \$ RESIDENCE

EMPLOYER _____ LENGTH OF EMPLOYMENT _____

ADDRESS _____

GROSS INCOME \$ MONTHLY YEARLY
OTHER INCOME \$ MONTHLY YEARLY

CO-APPLICANT INFORMATION AUTHORIZED USER

MEMBER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE NUMBER () _____

CELL PHONE NUMBER () _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

RENT OR MONTHLY LENGTH OF
 OWN PAYMENTS \$ RESIDENCE

EMPLOYER _____ LENGTH OF EMPLOYMENT _____

ADDRESS _____

GROSS INCOME \$ MONTHLY YEARLY
OTHER INCOME \$ MONTHLY YEARLY

(Alimony, child support and maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)

All of the information I (we) have provided COPFCU in this application is correct and complete. I (We) also authorize COPFCU to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing, including information about any accounts granted to consumer reporting agencies and other proper parties. I (We) am (are) contractually liable according to the applicable terms and conditions of the COPFCU Credit Card Agreement.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE (IF APPLICABLE) _____ DATE _____

Return your completed application to:

Queensgate

959 W. 8th Street, Cincinnati, OH 45203
Tel: (513) 381-2677
Fax: (513) 381-3010

Colerain

3550 Springdale Road, Cincinnati, OH 45251
Tel: (513) 385-4808
Fax: (513) 385-2011

Blue Ash

9300 Kenwood Road, Suite A, Blue Ash, OH 45242
Tel: (513) 948-1234
Fax: (513) 948-1503

BALANCE TRANSFERS

Please transfer the following balance(s) on the credit card(s) listed below to my COPFCU Visa® account. I understand that account transfers are subject to credit card approval and available credit.

ACCOUNT #1 _____

NAME ON CARD _____

ACCOUNT NUMBER _____

CARD ISSUER _____

PAYMENT ADDRESS _____

CITY, STATE, ZIP _____

BALANCE _____

CARD TYPE: AMEX® VISA® MC® DISCOVER® OTHER _____

ACCOUNT #2 _____

NAME ON CARD _____

ACCOUNT NUMBER _____

CARD ISSUER _____

PAYMENT ADDRESS _____

CITY, STATE, ZIP _____

BALANCE _____

CARD TYPE: AMEX® VISA® MC® DISCOVER® OTHER _____

ACCOUNT #3 _____

NAME ON CARD _____

ACCOUNT NUMBER _____

CARD ISSUER _____

PAYMENT ADDRESS _____

CITY, STATE, ZIP _____

BALANCE _____

CARD TYPE: AMEX® VISA® MC® DISCOVER® OTHER _____

ACCOUNT #4 _____

NAME ON CARD _____

ACCOUNT NUMBER _____

CARD ISSUER _____

PAYMENT ADDRESS _____

CITY, STATE, ZIP _____

BALANCE _____

CARD TYPE: AMEX® VISA® MC® DISCOVER® OTHER _____

*Disclosures and Terms and Conditions on back.



Equal Housing Lender.
Federally Insured by NCUA.