



FRIENDS & FAMILY

CREDIT UNION

3920 Erie St. S., Massillon, Oh 44646
(330) 832-1371 FAX (330) 832-7650

Account Choice: Individual Account Joint Account **Amount Requested \$** _____
APPLICANT Note: All applicable Section Should Be Filled out Completely. If Not, Processing of your Application May Be Delayed.

Credit Union Account No.	Social Security No.	Driver License No.
First Name Initial	Last Name (Jr/Sr)	
Date of Birth		
Current Street Address	Apt No.	City State Zip
Employer	Employer Address	Start Date
Position	Notice: Alimony, child support, or separate maintenance income, need not be revealed if you do not choose to have it considered.	Gross Monthly Income
<input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Payment \$ _____	Home Phone Number	Cell Phone Number

CO-APPLICANT OR SPOUSE Complete this section only if Co-Applicant or Spouse is Applying for a Joint Account

Credit Union Account No.	Social Security No.	Driver License No.
First Name Initial	Last Name (Jr/Sr)	
Date of Birth		
Current Street Address	Apt No.	City State Zip
Employer	Employer Address	Start Date
Position	Notice: Alimony, child support, or separate maintenance income, need not be revealed if you do not choose to have it considered.	Gross Monthly Income
<input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Payment \$ _____	Home Phone Number	Cell Phone Number

PLEASE SIGN HERE (BOTH SIGNATURES REQUIRED FOR JOINT CREDIT)

A consumer credit report may be requested in connection with this application and with any renewals, updates or extensions of any new credit extended as a result of this application. The credit union is relying on what you stated in this application and you acknowledge that everything you have stated is true. If a credit card is issued to you and you use the card (or its account number) or authorize its use, you agree that such use will constitute your agreement to the terms of the cardholder agreement that you receive from the credit union.

NOTICE to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

X _____	X _____
APPLICANT SIGNATURE DATE	CO-APPLICANT SIGNATURE DATE

SECURITY INTEREST: THE UNDERSIGNED HEREBY PLEDGE, AS A CONDITION FOR OBTAINING A MASTER CARD ACCOUNT, ALL SHARES AND/OR DEPOSITS AND PAYMENTS AND EARNINGS THEREON WHICH I/WE THEN OR THEREAFTER MAY HAVE, WHETHER HELD INDIVIDUALLY, JOINTLY OR IN TRUST AS SECURITY FOR ANY AND ALL MONIES ADVANCED UNDER THIS PLAN AND INTEREST ACCRUED THEREON AND AUTHORIZE THE CREDIT UNION, IN CASE OF DEFAULT TO APPLY SAME TO PAYMENT OF SAID OBLIGATION. THIS PLEDGE SHALL NOT APPLY TO SHARES IN ANY INDIVIDUAL RETIREMENT ACCOUNT OR SELF-EMPLOYED PLAN QUALIFYING AS SUCH UNDER THE INTERNAL REVENUE CODE.

ACCOUNT NUMBER(S) _____

X _____	X _____
APPLICANT SIGNATURE DATE	CO-APPLICANT SIGNATURE DATE

SECURITY AGREEMENT AND PLEDGE. By signing this application, acceptance or authorized use of any credit card(s) issued, you pledge your shares as defined by your Credit Card Agreement to secure payment of your obligations on this account. You understand that collateral securing other loans will secure this account; and that property purchased with your credit card(s) will also secure this account.

Authorized User: (Print Name) _____ **Date** _____

TRANSFER OF BALANCE REQUEST

Upon approval I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

Account Number _____	Account Number _____
Account Number _____	Account Number _____
Signature _____	Please send copy of your statement.

MASTER CARD DISCLOSURE STATEMENT
PLATINUM REWARDS
FIXED RATE

The Friends and Family Credit Union

PLATINUM MASTER CARDS

All Cards are EMV Chip Enabled!

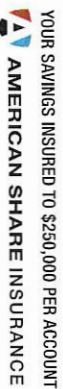
Manage your Master Card online!

Go paperless by signing up for E-statements!

Set up payments, review account history,

Track spending & more all at:

www.friendsandfamilycu.com



YOUR SAVINGS INSURED TO \$250,000 PER ACCOUNT
AMERICAN SHARE INSURANCE
 By members' choice, this institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. **MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.**

Do Not Write in This Space – For Office Use Only

Approved Rejected

Credit Line _____ By _____

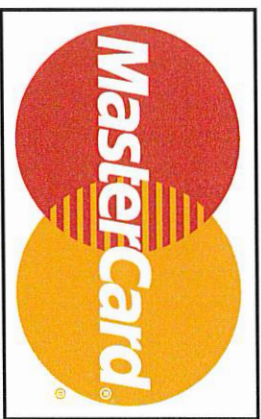
Rates, Interest Charges and Fees	
Annual Percentage Rate (APR) for Purchases	Platinum Rewards* 9.95% - 21.95%
APR for Cash Advance	Platinum Rewards* 9.95% - 21.95%
APR for Balance Transfers	Platinum Rewards* 9.95% - 21.95%
Penalty APR	Platinum Rewards* 25.00%
Grace Period for Repayment of Balances for Purchases	Twenty Five (25) Days on Average
Method of Computing the Balance for Purchases	Average Daily Balance (including new purchases)
Fees	
• Annual Fees	N/A
• Balance Transfers	N/A
• Cash Advance	N/A
Minimum Finance Charge	N/A
Penalty Fees	
• Late Payment	Up to \$40.00 After 15 Days
• Over Credit Limit	N/A
• Return Payment	\$30.00
• Replacement Card	\$15.00
Minimum payment	\$25.00 or 2% of New Balance
Billing Cycle Date	4 th Day of the Month

For Qualified Borrowers

RATES ARE BASED ON CREDIT SCORES



MASTER CARD APPLICATION



www.friendsandfamilycu.com