



VISA CLASSIC CREDIT CARD APPLICATION

5995 Mayfair Road, North Canton, OH 44720-8077
 Phone: (330) 490-4188 or (330) 490-4189 Fax: (330) 490-4297

| | | |
|-------------------------------|--|-----------------------|
| Check Type of Account Desired | <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account <input type="checkbox"/> Individual Account with Authorized User | Member Account Number |
|-------------------------------|--|-----------------------|

Please Note: If you are applying for credit in your name only, do not complete portion on co-applicant.

| | | | | | | | |
|------------------------------------|------------------------|--------------------------------|-----------|---------------------------------------|------------------------|--------------------------------|-----------|
| Applicant Name (Last-First-Middle) | | | | Co-Applicant Name (Last-First-Middle) | | | |
| Home Address | | | How Long? | Home Address | | | How Long? |
| City/State/Zip | | | | City/State/Zip | | | |
| Previous Address | | | How Long? | Previous Address | | | How Long? |
| Home Phone No. | Birth Date | No. of Dependents | Ages | Home Phone No. | Birth Date | No. of Dependents | Ages |
| Social Security No. | | Driver's License No. and State | | Social Security No. | | Driver's License No. and State | |
| Mother's Maiden Name | Gross Annual Salary \$ | Net Monthly Pay \$ | | Mother's Maiden Name | Gross Annual Salary \$ | Net Monthly Pay \$ | |
| Employer | | Position | How Long? | Employer | | Position | How Long? |
| Business Address/Phone () | | | | Business Address/Phone () | | | |
| Previous Employer | | Position | How Long? | Previous Employer | | Position | How Long? |
| Previous Business Address | | | | Previous Business Address | | | |

Note: 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.

| | |
|--|--|
| Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding Other income: \$ _____ per _____ Source of other Income: _____ Is any income listed in this section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet) <input type="checkbox"/> No | Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding Other income: \$ _____ per _____ Source of other income: _____ Is any income listed in this section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet) <input type="checkbox"/> No |
|--|--|

| | |
|---|---|
| HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No HAVE YOU ANY LEGAL PROCEEDING AGAINST YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No | HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No HAVE YOU ANY LEGAL PROCEEDING AGAINST YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

OUTSTANDING DEBTS: (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

| Mortgage or Landlord | Payment Address | Mortgage/Rent Payment | Original Amount \$ | Balance Due \$ | Market Value |
|---|-----------------|-----------------------|--------------------------|----------------|-----------------|
| Autos Owned-Make | Year | License Number | Financed By | \$ | Monthly Payment |
| Name and Address (Other Debts) | | | Account Number | Interest Rate | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| ARE YOU COMAKER ON ANY OTHER LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | \$ |
| Checking Account No. | Location | Savings Account No. | Location | Total \$ | |
| Name of Nearest Relative Not Living With You | | | Address (City/State/Zip) | | Relationship |

Complete the following only if you reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin); or if another person will be jointly liable on the account. Married Separated Unmarried

This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my/our credit standing. If this application is approved and a credit card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the credit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions of the VISA agreement which will be furnished to me/us. I/We agree to pay the credit union reasonable attorney's fees, court costs and collection agency fees to the extent allowed by applicable laws or regulations. I/We understand that a contingent or hourly fee arrangement may be established under an agreement entered into by the credit union with an attorney and/or collection agency to collect debts incurred under my/our VISA agreement if it is in default and I/we hereby agree that any such fee arrangement is reasonable. This provision also shall apply if I/we file a petition or any other claim for relief under any bankruptcy rule or law of the United States, or if such petition or other claim for relief is filed against me/us by another.

| | | | |
|------------------------------|-------------|------------------------------|-------------|
| APPLICANT'S SIGNATURE | DATE | APPLICANT'S SIGNATURE | DATE |
| X _____ | | X _____ | |

BALANCE TRANSFER FORM

To transfer your credit balances, or pay them off, just fill in the details below. We'll send a check to each card issuer listed, and a letter to you confirming the amounts paid. *

Name of Card Issuer _____ Account Number _____

Payment Address of Card Issuer _____

\$ _____

Phone Number of Card Issuer _____ Exact Dollar (\$) Balance to transfer _____

Name of Card Issuer _____ Account Number _____

Payment Address of Card Issuer _____

\$ _____

Phone Number of Card Issuer _____ Exact Dollar (\$) Balance to transfer _____

Name of Card Issuer _____ Account Number _____

Payment Address of Card Issuer _____

\$ _____

Phone Number of Card Issuer _____ Exact Dollar (\$) Balance to transfer _____

* Balance transfers take about 4 weeks to complete. Please continue to make payments on your other credit cards until the credit union notifies you that the balances have been transferred. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). The credit union is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your account credit line. The credit union reserves the right to refuse any balance transfer requests.

I/we the undersigned authorize Diebold Federal Credit Union to pay off the amounts specified above and apply those amounts to my Diebold Federal Credit Union VISA credit card account.

X _____ X _____
Applicant's Signature Co-Applicant's Signature

Credit Union Account # _____

Please return completed application by fax, Interoffice mail or U.S. Mail. Attach most recent pay stubs for all applicants.

Fax: (330) 490-4297
Mail Code: 1500

PLEDGE OF SHARES (This must be signed for a card to be issued.)

By signing below, you pledge to us and grant us a security interest in all of your shareholdings with us including paid shares and future payments on shares, to secure your credit card account with us. You authorize us to apply these shareholding to pay any amount due on the account or under this agreement if you should default.

X _____ X _____
Applicant's Signature Co-Applicant's Signature

CREDIT DISCLOSURE

| | |
|--|--|
| ANNUAL PERCENTAGE RATE (APR) FOR PURCHASES | 8.9% |
| OTHER APRS | CASH ADVANCE APR: 8.9% BALANCE TRANSFER APR: 8.9% |
| GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES | 25 DAYS |
| METHOD OF COMPUTING THE BALANCE FOR PURCHASES | AVERAGE DAILY BALANCE (INCLUDING NEW PURCHASES) |
| ANNUAL FEE | NONE |
| MINIMUM FINANCE CHARGE | NONE |
| TRANSACTION FEE FOR PURCHASES | NONE |
| TRANSACTION FEE FOR CASH ADVANCES | NONE |
| BALANCE TRANSFER FEE | NONE |
| LATE PAYMENT FEE | \$20.00 |
| OVER CREDIT LIMIT FEE | \$20.00 |

| OTHER FEES AND CHARGES | |
|------------------------------|---------|
| DOCUMENTATION FEE: | \$10.00 |
| RETURNED CHECK FEE: | \$20.00 |
| NEW OR REPLACEMENT CARD FEE: | \$5.00 |
| CARD RECOVERY FEE: | \$65.00 |

FOR CREDIT UNION USE ONLY

Account Number _____
Credit Limit of \$ _____ Date Approved _____
Approved By _____
Comments _____

