

Loan/Credit Application

Use this application for:

- Credit Cards
 - Visa Platinum
 - FirstCard Visa Platinum
 - Travel Rewards Gold MasterCard
 - Credit Limit Increase
 - Add Co-Applicant
- Vehicle Loans/Leases
 - New, Used or Refinanced
 - Cars, Trucks, SUVs, Motorcycles or Watercraft
- Personal/Signature Loans
- Line of Credit Loan



FEDERAL CREDIT UNION
 P.O. Box 1229, Herndon, VA 20172
 703-709-8901 • 1-866-709-8901 • Fax: 703-709-9326
www.nwfcu.org

Your Lifetime Financial Partner

Credit Card and Line of Credit Disclosure

	FirstCard Visa Platinum (For members age 15–22) No Annual Fee	Visa Platinum No Annual Fee	Travel Rewards Gold MasterCard No Annual Fee	Line of Credit Loan No Annual Fee
Annual Percentage Rate (APR) for Purchases as low as*	9.99%	7.00%	8.00%	7.00%
Annual Percentage Rate (APR) for Cash Advances and Balance Transfers as low as*	9.99%	7.00%	8.00%	7.00%
Variable Rate Information	Non-Variable	Your APR may vary. The rate is determined monthly based on the Prime Rate** plus a Margin of: 3.00% to 18.00% Min. APR = 7.00% Max. APR = 18.00%		
Grace Period for Repayment of the Balance for Purchases	25 Days	25 Days	25 Days	25 Days
Annual Fee[†]	None	None	None	None
Method of Computing the Balance for Purchases	Average daily balance including new purchases	Average daily balance including new purchases	Average daily balance including new purchases	Average daily balance including new purchases
Minimum Finance Charge	None	None	None	None
Transaction Fee[†] for Cash Advances	None	None	None	None
Other Fees[†]	Over-the-Credit Limit Fee: \$30/month Delinquency Fee for Credit Cards (10+ days): \$30 Delinquency Fee for Line of Credit Loan (30+ days): 5% of monthly payment amount or \$30, whichever is greater Foreign Transaction Fee: Up to 1% of transaction amount			

*Rate is based on an evaluation of credit history, so your rate may differ. Your actual APR will be disclosed at the time of credit approval.

**The Prime Rate used to determine your APR is the rate published in the *Wall Street Journal* on the last business day of the prior month. The Margin is based on an evaluation of your credit history.

[†]The Credit Union reserves the right to change fees including, but not limited to, the fees listed above.

Information, including rates, accurate as of 1/5/2010 and subject to change without notice. To find out what changes may have occurred, please call 703-709-8901, 1-866-709-8901 (toll-free); write to us at P.O. Box 1229, Herndon, VA 20172; or log on to www.nwfcu.org.

Credit Union Use Only

<input type="checkbox"/> Loan Comm <input type="checkbox"/> APV <input type="checkbox"/> DSAP	Date	SLO	Loan Officer Approval	Loan Officer Number
Chairman	Member	Member	Member	
Amount Approved \$	Account Number	Number of Cards Issued		



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Complete this application then mail, fax, or drop it off at a branch location. To apply online, visit www.nwfcu.org. To apply by phone, contact our Call Center at **703-709-8901** or **1-866-709-8901**, Monday–Friday 7:00 A.M.–7:00 P.M., Saturday 8:00 A.M.–1:00 P.M. ET.

A: Type of Loan Service Requested (Please print)

	Credit Amount Requested	Term	Amount
New Credit Card			
<input type="checkbox"/> Travel Rewards Gold MasterCard (no annual fee)	\$ _____		\$ _____
<input type="checkbox"/> Visa Platinum (no annual fee)	\$ _____		\$ _____
<input type="checkbox"/> FirstCard Visa Platinum (for members age 15–22*; adult co-applicant required for ages under 18; no annual fee)	<input type="checkbox"/> \$250 (for members under age 18)		\$ _____
<input type="checkbox"/> Secured Visa Platinum (Share Savings account funds used to secure Visa Platinum; no annual fee)	<input type="checkbox"/> \$1,000 (for members age 18 and over)		\$ _____
Mother's Maiden Name (REQUIRED) _____			
Credit Card Changes			
<input type="checkbox"/> Increase my credit limit to (complete sections B & D)	\$ _____		
<input type="checkbox"/> Add a co-applicant (complete sections B, C & D; a co-applicant must be a primary member on their own NWFCU share account)			
<input type="checkbox"/> Use my card for Checking Overdraft Protection as	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd source (check one)		
Vehicle Loan			
<input type="checkbox"/> New Vehicle: <input type="checkbox"/> Loan <input type="checkbox"/> Lease		_____	\$ _____
<input type="checkbox"/> Used Vehicle: <input type="checkbox"/> Loan <input type="checkbox"/> Lease		_____	\$ _____
<input type="checkbox"/> Car Loan Refinance		_____	\$ _____
Required for Vehicle Loans:			
1) Copy of purchase order 2) Prior to loan disbursement provide:			
Model _____ Make _____ Year _____			
Vehicle Identification Number (VIN) _____			
Other Loan			
<input type="checkbox"/> Personal/Signature Loan		_____	\$ _____
<input type="checkbox"/> Line of Credit Loan		_____	\$ _____
<input type="checkbox"/> Other		_____	\$ _____

*Successful completion of "Credit Matters" online course required.

B: Applicant (Please print)

Name (Last, First, MI)		
NWFCU Share Savings Account Number (last 5 digits)	Social Security Number/TIN	
Birthdate (MM/DD/YYYY)	Mother's Maiden Name	No. of Dependents
Daytime Phone () ()	Evening Phone () ()	
Current Address (Street & Number)		
City	State	Zip
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Mortgage/Rent \$ _____	
# of Years	Market Value \$ _____	
Mortgage Balance \$ _____	Market Value \$ _____	
Employer	Years/Months There	<input type="checkbox"/> Full Time <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Part Time <input type="checkbox"/> Retired
Annual Gross Income/Annuity \$ _____	I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien	
Other monthly income (alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)		
Amount \$ _____	Source _____	

C: Co-Applicant (Please print)

Name (Last, First, MI)		
NWFCU Share Savings Account Number (last 5 digits)	Social Security Number/TIN	
Birthdate (MM/DD/YYYY)	Mother's Maiden Name	No. of Dependents
Daytime Phone () ()	Evening Phone () ()	
Current Address (Street & Number)		
City	State	Zip
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Mortgage/Rent \$ _____	
# of Years	Market Value \$ _____	
Mortgage Balance \$ _____	Market Value \$ _____	
Employer	Years/Months There	<input type="checkbox"/> Full Time <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Part Time <input type="checkbox"/> Retired
Annual Gross Income/Annuity \$ _____	I am a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Resident Alien	
Other monthly income (alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)		
Amount \$ _____	Source _____	

D: Security Interest

I hereby grant NWFCU a security interest in all shares and dividends on deposit, now and hereafter; in all accounts I own (including joint accounts) to secure any and all of my indebtedness or obligations to NWFCU (except loans secured by real estate), now and hereafter; including debts incurred by credit card. Funds in my Individual Retirement Account are excluded from this security interest. NWFCU may enforce this security interest without prior notice.

Initials _____
Initials _____

E: Signatures

I hereby certify that all statements made herein are true and complete to the best of my knowledge and are submitted for the purpose of obtaining credit. I authorize Northwest Federal Credit Union to obtain a credit report(s) and make inquiries to verify information in order to process this application.

Applicant's Signature X	Date	Co-Applicant's Signature X	Date
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F: Optional Loan Protection Package

The purchase of credit life and/or credit disability insurance are not required for the approval of this loan and it is not a factor in granting credit to a member. **You may obtain similar coverage from any insurer you choose.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Life	Open-End: Monthly Rate Per \$1,000*	\$0.47	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Life	Open-End: Monthly Rate Per \$1,000*	\$0.75	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability (Primary Applicant only)	Open-End: Monthly Rate Per \$1,000*	\$1.20	*Per \$1,000 of the monthly ending balance. The monthly premium cost is equal to the Monthly Rate Per \$1,000 multiplied by the monthly ending balance divided by 1,000.

NOTICE TO APPLICANT(S)

By electing the credit insurance coverage(s) selected above, I/we acknowledge that I/we do not need to purchase this insurance to get credit and I/we may use alternative coverage or purchase insurance elsewhere. I/we agree to pay the required premium and understand that the fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I/we understand that we may terminate this coverage at any time.

The following questions must be answered to determine my eligibility for insurance:

- Are you under age 70? (Applicable to life insurance coverage only)
- Are you under age 66 and presently working outside the home for wages or profit for 30 hours or more per week? (Applicable to disability insurance coverage only)

My/our answers to the above questions are true to the best of my/our knowledge and belief.

Primary Applicant	Co-Applicant (Joint Life Only)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____