

■ Automatic VISA Payment

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS. COMPLETE FOR AUTOMATIC VISA PAYMENTS

I (We) hereby authorize Lakes Community Credit Union to initiate withdrawals from the account indicated below to pay my (our) credit card number:

I (We) agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my (our) account and personally signed by either of us and that you shall be fully protected in honoring such a withdrawal. I (We) further agree that if any such withdrawal is dishonored with cause, the credit union shall be under no liability whatsoever if such dishonor results in late charges or revocation of my (our) card. The credit union assesses a \$15 non-sufficient funds fee.

Please withdraw from (choose one):

Share (savings) Account Number:

Share Draft (checking) Account Number:

The amount of payment for my (our) credit card to be deducted monthly is (CHECK ONE):

The minimum payment

The total unpaid balance

A fixed amount greater than the minimum

\$ _____ dollars _____ cents

Signature _____

Date _____

Annual Percentage Rate	VISA - 12.96% VISA Gold - 11.88%
Monthly Periodic Rate	VISA - 1.08% VISA GOLD - .99%
Grace Period For Purchase Repayment	25 Days
Method Of Computing Balance For Repayment	Average Daily Balance
Annual Fee	None
Card Replacement	\$5.00
Late Payment	\$10.00

THESE DISCLOSURES ARE ACCURATE AS OF JANUARY 1, 2002. THEY ARE SUBJECT TO CHANGE PERIODICALLY CONTACT THE CREDIT UNION AT (248) 814-4000 OR WRITE TO: LAKES COMMUNITY CREDIT UNION, 350 N. PARK BLVD. (M-24), P.O. BOX 99, LAKE ORION, MI 48361 FOR INFORMATION ON ANY CHANGES TO THE ABOVE DISCLOSURE.

I/We wish to apply for a credit limit of \$ _____

INFORMATION ABOUT YOURSELF		
Member name (please print)	Account #	
Address		
City	State	Zip Code
Home Phone ()	Years at Current Address	
Previous Address		Years at Previous Address
City	State	Zip Code
Social Security Number	Date of Birth	
Driver's License Number and State		

EMPLOYMENT INFORMATION		
Business Name or Employer	Position	
Business Address		Street
City	State	Zip Code
Business Phone ()	Ext. #	Years at Job
Pager or Cell Phone #		
Previous Employer (if less than 2 years)	Position	Years at Job

FINANCIAL INFORMATION	
Yearly Income \$	<input type="checkbox"/> Monthly Rent or <input type="checkbox"/> Mortgage \$
You need not include spouse's income, alimony, child support or maintenance payments paid to you if you are not relying on them to establish credit worthiness.	
Additional income \$	Source(s) of additional income

Do you presently have a charge card you would like to pay off with this card? Yes No
Which card? VISA MasterCard Balance Owing \$ _____

Recognizing that the statements made in this application and attachments thereto, if any, will be relied upon by you in determining whether a VISA card will be issued to me, I/we hereby represent that all such statements are true, complete and correct. I/We hereby authorize you to obtain a consumer report or reports to be used in connection with this application and to obtain further credit information from any of the persons or firms set forth in my/our application. I/We understand and agree that any VISA card or cards issued as a result of this application shall be used in accordance with, and I/we agree to be bound by the Cardholder Terms, Conditions and Disclosure Statement, a copy of which I have received and those which shall be issued by you from time to time.

X _____
SIGNATURE

X _____
CO-APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY:	
Loan Officer _____	
Credit Limit _____	Date _____
Credit Increase _____	Date _____
Number of Cards Issued _____	<input type="checkbox"/> VG <input type="checkbox"/> VC

APPLICANT'S VISA NUMBER _____
(OFFICE USE ONLY)

JOINT APPLICANT'S INFORMATION		
Member name (please print)	Account #	
Address		
City	State	Zip Code
Home Phone ()	Years at Current Address	
Previous Address		Years at Previous Address
City	State	Zip Code
Social Security Number	Date of Birth	
Driver's License Number and State		

JOINT APPLICANT'S EMPLOYMENT INFORMATION		
Business Name or Employer	Position	
Business Address		Street
City	State	Zip Code
Business Phone ()	Ext. #	Years at Job
Pager or Cell Phone #		
Previous Employer (if less than 2 years)	Position	Years at Job

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_____ NUMBER OF CARDS DESIRED _____ DATE

_____ NAME TO APPEAR ON SECOND CARD _____ DATE

**Refold with mail panel facing out,
seal with tape and mail.**