

An Impressive Card

A Lafayette MasterCard has an array of benefits second to none including a low, low interest rate and no annual fee.

It also features the following:

- Platinum, Gold, and Classic cards available
- Credit limits up to \$50,000
- Flexible payment options, including automatic payment
- Online account access
- Free CURewards program — earn points with each purchase towards the rewards of your choice (visit www.curewards.com for more details)
- A 1% cash rebate on transfer balances from your other credit cards

Apply for your MasterCard today and start enjoying the convenience and benefits of this impressive card!



Lafayette Federal Credit Union
3535 University Boulevard West
Kensington, MD 20895-1701

PLACE
STAMP
HERE

Credit Card Transfer Request Form

YES! Upon approval, I want to transfer the exact amount shown below on the credit card account(s) listed to my new LFCU MasterCard® account. I understand that I will receive a 1% rebate of the amount transferred.*

Card Issuer
Payment Address
1 City, State, Zip
Complete Acct. #
Exact Amount to Pay

Card Issuer
Payment Address
2 City, State, Zip
Complete Acct. #
Exact Amount to Pay

Card Issuer
Payment Address
3 City, State, Zip
Complete Acct. #
Exact Amount to Pay

Card Issuer
Payment Address
4 City, State, Zip
Complete Acct. #
Exact Amount to Pay

Card Issuer
Payment Address
5 City, State, Zip
Complete Acct. #
Exact Amount to Pay

Signature _____

Date _____

*Contact LFCU for details.

MasterCard® Auto-Pay Program

Name
Address
City, State, Zip
LFCU Account #
Payment to be withdrawn from: <input type="checkbox"/> Prime Share account (savings) <input type="checkbox"/> Share Access account (checking)
Amount of Payment to be made each month: <input type="checkbox"/> Minimum Amount Due <input type="checkbox"/> Entire Balance <input type="checkbox"/> Other _____
I hereby authorize LFCU to withdraw funds as indicated above for credit to my LFCU MasterCard® Account.
Signature _____ Date _____

You may submit your application by mail, in person, or by faxing it to 240-747-2492.

For Credit Union Use Only

Date Received	
Limit Approved \$	
No. of Credit Cards Requested	Cards Ordered _____
Date: _____	By: _____
LOAN OFFICER	
Limit Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Counter offer will be made, if accepted, limit approved	
Describe Counter Offer	
Specific Reason(s) for Rejection	
Loan Officer Signature	Date
Additional Comments	

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MasterCard®
APPLICATION

Lafayette
FEDERAL
CREDIT
UNION





Compare...

all the benefits of Lafayette's MasterCard and we think you'll agree it's one of the best deals you can find when shopping for a credit card.

Why? For starters it carries an impressive array of benefits which include a low, low interest rate and no annual fee. It's accepted at financial institutions and ATMs displaying the MasterCard or CIRRUS® logo worldwide, allowing you to go on vacation with peace of mind knowing you can get a cash advance wherever you are.

Another exciting feature is the FREE Travel Accident Insurance (up to \$1,000,000) you automatically receive when you use the card to purchase tickets for travel on planes, ships, trains and other common carriers. And with the Lafayette Gold or Platinum card there is even more — the MasterCard Family of Services which includes Extended Warranty, Purchase Assurance, Satisfaction Guarantee and MasterAssist (call 1-800-MCASSIST for more details).

You can pay for everything from hotel and restaurant bills to dental services and car repairs. But that's not all ...



Save...

time and money. Our MasterCard means convenience! No carrying cash or fumbling with your checkbook. All you have to do is present the card.

And speaking of time, our card carries a generous 25-day grace period on your purchases — if you pay your balance in full on or before the due date you pay no interest. Plus, unlike other cards, there is never any fee to obtain a cash advance.

Want more? **The Lafayette FCU MasterCard pays you a 1% cash rebate** when you transfer balances from your other credit cards to any of our MasterCard programs. As an LFCU member you can transfer your credit card balances of \$100 or more to your LFCU MasterCard, up to your approved credit card limit and we will deposit 1% of the amount transferred directly into your LFCU Prime Share savings account! Wow!

Application Terms

For current rate and payment information, please refer to the enclosed MASTERCARD® DISCLOSURE.

I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. A Cardholder Agreement will be sent to me with my credit card(s). My use of the card(s) will constitute my acceptance of the terms and conditions of the Cardholder Agreement.

Please Check Appropriate Box:

- If this is an application for an individual account and you are relying on your own income or assets and not the income or assets of another person for repayment of the credit requested, complete Sections 1, 3, and 5.
- If this is an application for a joint account that you and another person will use, or if you live in or rely on property located in a Community Property State (AZ, CA, ID, LA, NM, TX, WA, WI), complete Sections 1, 2, 3, 4 and 5.

Application for:

- New Account
- Line Increase

Credit Limit Requested: \$ _____

Gold MasterCards are issued for credit limits of \$2,000 and above.

Platinum MasterCards are issued to members approved for credit limits of \$10,000 and above.

SETOFF. You (meaning Applicant and Co-Applicant, if any) understand and agree that all sums that become due under this credit card agreement give rise to a right of setoff which the credit union may assert against your account balances (prime share, share access, share certificate and savings club) at the credit union at the time such balances are due. Any extensions of credit through the use of the credit card will not otherwise be secured by either your real or personal property, notwithstanding other provisions in any agreement with the credit union to the contrary.	
Applicant	Date
X	
Co-Applicant	Date
X	

1. Applicant

PLEASE PRINT OR TYPE IN BLACK INK

Name (Last, First Initial)	
Social Security Number	Date of Birth
Street Address	
City, State, Zip	Yrs. There
Home Phone	# of Dependents
Previous Address	Yrs. There
City, State, Zip	

Name & Address of Nearest Relative Not Living With You:

Name
Relationship
Telephone #
Address

Income (Attach copy of most recent SEL or paystub; if self-employed, attach copies of last 2 years tax returns; if retired, provide proof of income.)

Employer	
Address	
City, State, Zip	
Occupation/Position	Yrs. There
Annual Salary	Business Phone
\$	

Additional Annual Income (If applicant is not relying on alimony, child support or separate maintenance payments for repayment of credit requested, such income need not be revealed.)

Amount	Source
\$	

2. Co-Applicant

PLEASE PRINT OR TYPE IN BLACK INK

Name (Last, First Initial)	
Social Security Number	Date of Birth
Street Address	
City, State, Zip	Yrs. There
Home Phone	# of Dependents
Previous Address	Yrs. There
City, State, Zip	

Name & Address of Nearest Relative Not Living With You:

Name
Relationship
Telephone #
Address

Income (Attach copy of most recent SEL or paystub; if self-employed, attach copies of last 2 years tax returns; if retired, provide proof of income.)

Employer	
Address	
City, State, Zip	
Occupation/Position	Yrs. There
Annual Salary	Business Phone
\$	

Additional Annual Income (If applicant is not relying on alimony, child support or separate maintenance payments for repayment of credit requested, such income need not be revealed.)

Amount	Source
\$	

3. Credit References—Applicant

List all debts and obligations including alimony and child support. Attach additional sheet if necessary.

PLEASE PRINT OR TYPE IN BLACK INK

LFCU Account Number		
Creditor's Name	Monthly Payment	Balance Due
Your Home <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Auto Financed By		
Other		
Financial Institution	Savings Account #	
Financial Institution	Savings Account #	

4. Credit References—Co-Applicant

List all debts and obligations including alimony and child support. Attach additional sheet if necessary.

PLEASE PRINT OR TYPE IN BLACK INK

Creditor's Name	Monthly Payment	Balance Due
Your Home <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Auto Financed By		
Other		
Financial Institution	Savings Account #	
Financial Institution	Savings Account #	

5. I (meaning Applicant and Co-Applicant, if any) have read the Application Terms and the MasterCard Disclosure and have provided all of the information you have requested. Everything I have stated in this application is correct to the best of my knowledge. I request that you establish a credit card account for me (us).

PLEASE SIGN BELOW

Applicant	Date
X	
Co-Applicant	Date
X	