

GENISYS CREDIT UNION MASTERCARD CREDIT CARD APPLICATION

Choose One:

- New Genisys Rewards Credit MasterCard
- New Genisys Platinum Credit MasterCard
- Increase Credit Limit on present card

Please Choose One:

- Individual Account
- Joint Account (Co-Applicant)

Credit Union Account #

I would like my payment transferred from my: Savings Account Checking Account Other _____

I would like : Credit Life Disability

Please tell us about yourself

Last Name	First	Middle	Birthdate	Social Security #
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Street Address	Monthly Housing Payment \$	<input type="checkbox"/> Lot Rent <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents
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City	St	Zip	Home Phone	Email address
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Employer	Business phone	Hire Date
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Street Address	City	St	Zip	Gross Salary* \$	<input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr
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Please tell us about your co-applicant (if applicable)

Last Name	First	Middle	Birthdate	Social Security #
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Street Address	Monthly Housing Payment \$	<input type="checkbox"/> Lot Rent <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents
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City	St	Zip	Home Phone	Email address
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Employer	Business phone	Hire Date
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Street Address	City	St	Zip	Gross Salary* \$	<input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr
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References (family member not living with you)

Last Name _____	First _____	Phone Number: (____) _____
Address _____	City _____	St _____ Zip _____

Other references

Last Name _____	First _____	Phone Number: (____) _____
Address _____	City _____	St _____ Zip _____

**Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repaying this obligation.*

Everything I have stated in this application is true to the best of my knowledge, and is an accurate statement of my obligations and the income upon which I will rely to repay this credit requested. I understand you will not return this application. You are authorized to check my credit and employment history. I agree that I will be bound by all the terms and conditions governing the charge card account, a copy of which will be mailed to me. (If joint account, read singular pronouns in the plural). Card(s) will be issued as name is printed.

X _____
Signature of applicant _____ Date _____

X _____
Signature of co-applicant _____ Date _____

Print Name (as it should appear on card)

Print Name (as it should appear on card)

TO BE COMPLETED BY APPLICANT FOR AUTHORIZED USER ONLY

I understand that the authorized user, _____, Social Security Number _____ birth date _____, is an authorized user on my MasterCard Credit Card and that I alone am responsible for all purchases and advances charged to my account by the above mentioned authorized user.

X _____
Member's Signature _____ Date _____ Social Security Number _____ Birth Date _____

CREDIT UNION USE ONLY

Date: _____

Approved Denied

Number of Cards _____

Credit Limit _____

Loan Officer _____ Number _____

Comments _____

Balance Transfer Request Form

Complete only if you wish Genisys® Credit Union to pay-off an existing balance(s) on any non-Genisys major credit card or loan.

Name	Phone	Credit Union Acct Number
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I hereby authorize Genisys® Credit Union to pay-off the balance(s) due on the following major credit cards or loans by means of a CASH ADVANCE charged to my Genisys® Credit Union Credit Card

Name of Financial Institution or Business			
Account Number		Amount to be Paid \$	
Address	City	State	Zip

Name of Financial Institution or Business			
Account Number		Amount to be Paid \$	
Address	City	State	Zip

I understand that Genisys Credit Union is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account as this advance may not pay-off the total balance due. I further understand that if there is an insufficient limit on my Genisys Credit Card account, that you (Genisys Credit Union) will pay-off my balances in order listed and return any accounts that cannot be paid in full.

Please Note: It is your responsibility to close out your charge account(s) at the above named institution(s) if you wish to do so. (This will help you avoid any annual fees that may be assessed to that account.)

Member's Signature	Date
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Complete & mail to: Genisys Credit Union
Electronic Services Department
P.O. Box 436034
Pontiac, MI 48343-6034

Or Fax to: 248-322-6512

