

CONSUMER LOAN AND CREDIT CARD APPLICATION

(Not to be used for Mortgage, Home Equity or Tuition Reimbursement Loans)

Loan Type Requested: ☐ Auto Loan ___ New ___ Used ☐ Personal Loan ☐ Overdraft Protection
☐ MasterCard® Credit Card: ___ Gold ___ Classic ___ Secured ☐ Limit Increase

Purpose: (please specify reason) _____

If you do not qualify for the card or credit limit requested, you may be approved for another card and a lower limit.

Loan Proceeds:

☐ Deposit to Account# _____ ☐ Mail check to address on file
 Member must sign for receipt of funds prior to deposit.
☐ Pick up at branch _____ ☐ Other _____

Member# _____ **GEICO FCU M/C#** _____ **Driver's License#** _____ **Email Address** _____

Loan Amount/Credit Limit Requested:

Loan Term:

Provide a copy of your recent pay stubs or W-2s.
If self-employed, provide two years of tax returns and bank statements.

Payment Method: (may not be available on credit card)

☐ Automatic Share Transfer ☐ Payroll Deduction ☐ Payment by Check
☐ Savings ☐ Checking ☐ Other _____

APPLICATION INFORMATION

Name (Last, First, Middle Initial)		Social Security#		Birthdate	
Current Address (Street, City, State, Zip)				Years	Months
Previous Address If current address is less than 2 years (Street, City, State, Zip)				Years	Months
Home Phone ()		Business Phone ()		Cell Phone ()	
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien with Permanent Residency <input type="checkbox"/> Non-Resident Alien with Temporary Residency					
Name and Address of Present Employer				Starting Date	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed					
Title		Annual Gross Salary \$			
Previous Employer (If less than 3 years on current job)				Years	Months
Mortgage Holder/Landlord (Name) <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payment \$	Mortgage Balance \$	Market Value \$	Car Make
Name and Address of Nearest Relative Not Living With You		Home Phone ()		Relationship	Have you ever filed for bankruptcy? Yes No If yes, date:
Reference		Home Phone ()		Relationship	
Name		Address		Home Phone ()	Relationship

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered. (Attach copy of court decree and 6 months' current payment history.)

Other Income (Must be verifiable) \$ Per Year	Source	Starting Date
Do you pay alimony and/or child support? <input type="checkbox"/> Alimony \$ _____ mo/year <input type="checkbox"/> Child Support \$ _____ mo/year		

CO-APPLICATION INFORMATION

Name (Last, First, Middle Initial)		Social Security#		Credit Union Account Number (if applicable)		Birthdate	
Current Address (Street, City, State, Zip)				Years	Months		
Previous Address If current address is less than 2 years (Street, City, State, Zip)				Years	Months		
Home Phone ()		Business Phone ()		Cell Phone ()			
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien with Permanent Residency <input type="checkbox"/> Non-Resident Alien with Temporary Residency							
Name and Address of Present Employer				Starting Date			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed							
Title		Annual Gross Salary \$					
Previous Employer (If less than 3 years on current job)				Years	Months	Title	
Mortgage Holder/Landlord (Name) <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payment \$	Mortgage Balance \$	Market Value \$	Car Make	Year	Monthly Payment \$
Name and Address of Nearest Relative Not Living With You		Home Phone ()		Relationship	Have you ever filed for bankruptcy? Yes No If yes, date:		
Reference		Home Phone ()		Relationship			
Name		Address		Home Phone ()	Relationship		

NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered. (Attach copy of court decree and 6 months' current payment history.)

Other Income (Must be verifiable) \$ Per Year	Source	Starting Date
Do you pay alimony and/or child support? <input type="checkbox"/> Alimony \$ _____ mo/year <input type="checkbox"/> Child Support \$ _____ mo/year		

OPTIONAL CREDIT LIFE/DISABILITY INSURANCE (NOT AVAILABLE ON CREDIT CARDS)

A credit insurance application/disclosure will be furnished at the time your credit is approved. PLEASE CHECK ONE OR MORE OF THE BOXES BELOW. You are interested in Credit Life Insurance ___ Single Coverage <input type="checkbox"/> Joint Coverage <input type="checkbox"/> You are interested in Credit Disability Insurance ___ Single Coverage <input type="checkbox"/> (see loan disclosures) <input type="checkbox"/> Not interested in Credit Life or Disability Insurance	
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You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Open-End Loan Account Plan, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Open-End Loan Account Agreement and Disclosures. You will receive a copy of that Agreement and Disclosures no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You must be 18 years or older to apply for a loan/credit card. Your MasterCard account will be governed by the terms of the GEICO Federal Credit Union credit card agreement that will be sent to you with your card(s). The terms of your account are subject to change as provided in your credit agreement. The information provided in the attached disclosure is accurate as of 8/1/2016.

If You are issued a Credit Card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.

You hereby acknowledge your intent to apply for joint credit. Applicant's Initials _____ Co-Applicant's Initials _____

All applicants applying for credit with GEICO FCU agree to a pledge of shares as a condition of receiving a GEICO FCU loan and/or MasterCard. I/We pledge and grant the Credit Union a security interest in my/our share with the Credit Union or shares hereafter acquired, to secure my/our loan and/or MasterCard account/s. I/We further agree to apply these share-holdings to pay any amount due on the loan and/or MasterCard account under this agreement in the event of default. Applicant(s) must initial here _____.

I authorize GEICO Insurance Companies and affiliates or any other employer or their agent to provide employment compensation and demographic information about me to GEICO Federal Credit Union.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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Equal Opportunity LENDER

GEICO FCU MASTERCARD: TERMS AND CONDITIONS

Interest Rates and Charges as of 8/1/16

Annual Percentage Rate (APR) for Purchases	MasterCard Gold: 10.99% APR MasterCard Classic: 11.88% APR MasterCard Classic Secured: 13.99% APR
Annual Percentage Rate (APR) for Cash Advances	MasterCard Gold: 10.99% APR MasterCard Classic: 11.88% APR MasterCard Classic Secured: 13.99% APR
Annual Percentage Rate (APR) for Balance Transfers	MasterCard Gold: 10.99% APR MasterCard Classic: 11.88% APR MasterCard Classic Secured: 13.99% APR
Minimum Finance Charge	None
Penalty APR And When It Applies	17.90% This APR may be applied to your account if your account becomes past due twice during any consecutive 12-month period, or is 60 or more days past due at any time. How Long Will The Penalty APR Apply? If your APR is increased, the Penalty APR will apply until you bring the account current and make six consecutive minimum payments when due.
Maximum Limit Amounts	MasterCard Gold: Up to \$20,000 MasterCard Classic: Up to \$5,000 MasterCard Classic Secured: Subject to amount of shares pledged
How To Avoid Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Credit Card Tips From The Consumer Financial Protection Bureau	To learn more about factors to consider when you're applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .

FEES

Annual Fee	None
Transaction Fees <ul style="list-style-type: none">• Foreign Transactions• Cash Advances• Balance Transfers	1% of each foreign currency transaction in U.S. dollars, or 0.80% of each U.S. dollar transaction that occurs in a foreign country None None
Penalty Fees <ul style="list-style-type: none">• Late Payment Fee• Returned Payment Fee• Over Limit Fee	Up to \$28.00 (after 9 days) Up to \$28.00 None
Effective Date	8/22/10

How We Will Calculate Your Balance: We use a method called “average daily balance (including new purchases).” See your account agreement for more details.

Billing Rights: Information on your rights to dispute transactions, and how to exercise those rights, is provided in your account terms and conditions.

You must be 18 years of age to apply for a MasterCard Credit Card.

Your MasterCard account will be governed by the terms of the GEICO Federal Credit Union credit card agreement that will be sent to you with your card(s). The terms of your account are subject to change as provided in your credit card agreement.

The information provided in the above disclosure is accurate as of 8/1/16. This information is subject to change after this date. If you have any questions, please visit your nearest branch or call GEICO FCU at 800-542-7896.

Print, complete and return your MasterCard application to:

GEICO Federal Credit Union
Attn: Lending Department
One GEICO Plaza
Washington, DC 20076

You may also hand deliver or fax your application to your local or nearest branch office, fax to (301) 986-3757. Visit us online at www.geicofcu.org for locations near to you.