



Supporting Ministry. Changing Lives.

CHURCH MISSION VISA APPLICATION

Please list the authorized users for the account:

| | Last Name | First Name | Middle |
|----|-----------|------------|--------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Church Name _____ Fed Tax ID# _____

Address _____

City, State and Zip Code _____

Business Phone # _____

| | *Personal Cell | *Social Security # | Birth Date | Issue Visa y/n | Limit Request \$ |
|---------|----------------|--------------------|------------|----------------|------------------|
| Name 1. | _____ / | _____ / | _____ / | _____ / | _____ / \$ |
| Name 2. | _____ / | _____ / | _____ / | _____ / | _____ / \$ |
| Name 3. | _____ / | _____ / | _____ / | _____ / | _____ / \$ |
| Name 4. | _____ / | _____ / | _____ / | _____ / | _____ / \$ |

* for security and fraud protection only

SIGNATURES REQUIRED

Name 1. _____

Name 2. _____

Name 3. _____

Name 4. _____

Year Church was incorporated - _____

Present Membership - _____

Average Attendance at Worship - _____

Number of contributing families - _____

Average monthly cash flow amount - _____

Visa Summary of Terms

| | |
|---|---------|
| Annual Percentage Rate for Purchases & Cash Advance | 11.90% |
| Grace Period for Repayment of Balance for Purchases | 25 days |
| Late Payment Fee | \$20.00 |
| Over the Limit Fee | None |
| Annual Fee | None |
| Cash Advance Fee | None |
| Minimum Finance Charge | None |
| Transaction Fee for purchases | None |

Method of computing the balance for purchases is figured on the average daily balance, including new purchases

Please return with:

- Corporate Resolution
- Recent Financial Statement and current Annual Report
- Photo ID of each person signing

TO:

Keystone United Methodist Federal Credit Union
 P.O. Box 2088
 Cranberry Township, PA 16066
 Fax 724-776-1377