

AdventHealth Credit Union

115 Boston Avenue, Suite 2400
 Altamonte Springs, FL 32701
 Ph: 407-303-1527
 FAX: 407-303-0918
 www.ahcu.cc

LOAN APPLICATION

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

Individual Credit: Complete **Applicant** sections if only the applicant's income is considered for loan approval.

Complete **Applicant** and **Co-Applicant** sections: (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested; (2) if you reside in a Community Property State; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested; or (4) if you are an Alaska resident subject to a community property agreement or community property trust. Community Property States include: AZ, CA, ID, LA, NM, NV, TX, WA, WI.

Joint Credit: Complete **Applicant** and **Co-Applicant** sections if your co-applicant will be contractually liable for repayment of the loan and initial below:
 We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

PLEASE CHECK BELOW TO INDICATE THE TYPE OF ACCOUNT(S) AND TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.

Account/Loan:	Individual	Joint	Credit Cards:	Individual	Joint
Amount Requested \$ _____			Visa Classic		
Purpose/Collateral: _____			Visa Platinum		
Other Loan Request _____			Visa Share Secured		
Repayment:	Mail	Cash		_____	_____
	Automatic Payment	Web Pay	Other	If Authorized user, name	Date of Birth

SEE SEPARATE PAGE FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS

APPLICANT			CO-APPLICANT	SPOUSE	GUARANTOR
NAME (Last - First - Initial)		ACCOUNT NUMBER	NAME (Last - First - Initial)		ACCOUNT NUMBER
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME
E-MAIL ADDRESS			E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE/CELL PHONE	BUSINESS PHONE/EXT.	BIRTH DATE	HOME PHONE/CELL PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		OWN RENT	PRESENT ADDRESS (Street - City - State - Zip)		OWN RENT
		YEARS/MONTHS AT THIS ADDRESS			YEARS/MONTHS AT THIS ADDRESS
MORTGAGE/RENT PAYABLE TO	MONTHLY PAYMENT (MORTGAGE/RENT)		MORTGAGE/RENT PAYABLE TO	MONTHLY PAYMENT (MORTGAGE/RENT)	
	\$			\$	
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.			PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.		
MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)			MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)		

EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
HIRE DATE (MMDDYY)	POSITION	HIRE DATE (MMDDYY)	POSITION
PRIOR EMPLOYER (IF LESS THAN 1 YEAR)		PRIOR EMPLOYER (IF LESS THAN 1 YEAR)	

INCOME

OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.
INCOME \$ _____ PER _____	INCOME \$ _____ PER _____

REFERENCES

NAME AND PHONE NUMBER OF REFERENCE NOT LIVING WITH YOU	HOME PHONE/CELL PHONE	NAME AND PHONE NUMBER OF REFERENCE NOT LIVING WITH YOU	HOME PHONE/CELL PHONE
	RELATIONSHIP		RELATIONSHIP

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ Spouse's Address (if different) _____

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: In accordance with Wisconsin Statutes section 766.55(1) by signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X _____

SECURITY INTEREST

THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION. IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

_____ (Applicant Initials) _____ (Co-Applicant Initials)

LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement or credit card agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

Consumer and Credit Report Authorization. By signing this Application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. I authorize you to receive and review other information about me, such as my employment and income information, from third-parties or consumer reporting agencies.

Vermont Residents: Applicant provided consent via phone _____ (Credit Union Initials)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT	DATE
X	

SIGNATURE OF CO-APPLICANT	DATE
X	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Send completed application to:
Email: FH.Credit.Union@adventhealth.com
Fax: (407) 303-0918
Call: (407) 303-1527

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Altamonte Springs, FL 32701

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IMPORTANT CREDIT CARD DISCLOSURES

The following disclosure represents important details concerning your credit card. The information about costs of the card are accurate as of _____. You can contact us toll free at (800) 338-0566 or 115 Boston Ave, Suite 2400, Altamonte Springs, FL 32701 to inquire if any changes occurred since the effective date.

INTEREST RATES and INTEREST CHARGES:			
Annual Percentage Rate (APR) for Purchases, Cash Advances, & Balance Transfers	VISA PLATINUM	VISA CLASSIC	VISA SHARE SECURED
	9.99%	14.99%	16.00%
Paying Interest	Your due date is at least 21 days after we mail your billing statement. We will not charge you interest on purchases if you pay your entire new purchase balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the date the cash advance or balance transfer is posted to your account.		
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50.		
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .		

FEES:	
Fees to Open or Maintain your Account - Annual Fee: - Application Fee:	None None
Transaction Fees - Balance Transfer: - Cash Advance: - Foreign Transaction:	None None 1% of each transaction in U.S. dollars.
Penalty Fees - Late Payment: - Over-the-Credit Limit: - Returned Payment:	\$25.00 or the amount of the required minimum payment, whichever is less, if you are ten (10) or more days late in making a payment. None \$25.00 or the amount of the required minimum payment, whichever is less.

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases).