



Everence Federal Credit Union
 2160 Lincoln Highway East, Suite 20
 Lancaster, PA 17602

CREDIT CARD APPLICATION



There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at _____ or writing to us at the address stated on this application.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if
 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each Applicant must **individually** complete appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Credit Card Account: Individual Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Date	Co-Applicant Date
X (Seal)	X (Seal)

Credit Limit Requested \$

If Authorized User, Name:

Guarantors Complete OTHER section below.

APPLICANT

OTHER CO-APPLICANT SPOUSE GUARANTOR OTHER

NAME (Last - First - Initial)			NAME (Last - First - Initial)		
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	ACCOUNT NUMBER		SOCIAL SECURITY NUMBER
BIRTH DATE		EMAIL ADDRESS	BIRTH DATE		EMAIL ADDRESS
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS	DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		LENGTH AT RESIDENCE			LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		LENGTH AT RESIDENCE			LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO			MORTGAGE/RENT OWED TO		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %	MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
EMPLOYMENT/INCOME START DATE			EMPLOYMENT/INCOME START DATE		
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
NAME AND ADDRESS OF EMPLOYER			NAME AND ADDRESS OF EMPLOYER		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME PER \$		OTHER INCOME PER \$	EMPLOYMENT INCOME PER \$		OTHER INCOME PER \$
TITLE/GRADE		SOURCE	TITLE/GRADE		SOURCE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS			PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		
STARTING DATE		ENDING DATE	STARTING DATE		ENDING DATE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____
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STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

Notice to Ohio Residents: 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.

Notice to Wisconsin Residents: (1) 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. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
X	(Seal)

CONSENSUAL SECURITY INTEREST

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

SIGNATURES

By signing or otherwise authenticating below:

You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received and for other accounts, products, or services we may offer you or for which you may qualify.

1. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.
2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
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Signatures

	Date
X	(Seal)

	Date
X	(Seal)

MyNeighbor Membership Application



If you aren't an Everence Federal Credit Union member, please complete the following to open your membership.

Thank you for applying for the MyNeighbor credit card! In order to open a credit card with EFCU you must have a share savings account with us. Section 1 below and a minimum \$5 deposit are required to establish your share savings account. The money is yours, but \$5 must remain in the account as long as you're a member.

Return this form, a \$5 minimum deposit and your MyNeighbor application to your local branch, mail to Everence Federal Credit Union, 2160 Lincoln Hwy E., Ste. 20, Lancaster, PA 17602, or fax to (717) 735-8331.

1. Disclosures, backup withholding, membership eligibility and signature(s) (required)

Disclosures

By signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate Sheet, Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

Certification, backup withholding information

Under penalties of perjury, I certify that:

1. The Social Security Number entered on my application is my correct taxpayer identification, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Instructions: You must cross out number 2 above if you have been notified by the IRS that you are currently subject to backup withholding. Cross out number 3 above and complete Form W-8BEN if you are not a U.S. person.

Membership eligibility

I am a member of, employee of, or student of a Mennonite or Anabaptist church or organization.

Name of church or organization: _____ ,

I, or an immediate family member, owns another Everence product. Name of family member _____ , or

I share values consistent with the Anabaptist understanding of Christian stewardship (Psalm 24 – all I am and all I have are from God) and, in response to God's generosity, practice stewardship of all my resources.

X _____
Signature of primary owner Date Primary owner name (please print)

X _____
Signature of joint owner (if applicable) Date Joint owner name (please print)

For security purposes

Code word _____

Mother's maiden name _____
Primary owner Joint owner

2. Additional accounts/debit card (optional)

After you have funded your account with the minimum deposit of \$5, you are eligible for these additional services:

Indicate which accounts you wish to open. (In order to open a debit card you must have a regular or dividend checking).

Regular checking Dividend checking Debit card Club accounts Money market

I/We authorize the addition of the account types indicated above. If applying for a debit card, I request the EFCU Mastercard debit/ATM card be issued in my name and in the name of the co-applicant (if applicable). I will refer to the Everence debit card agreement and disclosure for limitations on the use of this card.

X _____ X _____
Signature of primary member Date Signature of joint owner (if applicable) Date

3. Member service questionnaire (required only if requesting a checking account)

If you are adding a checking account please complete questionnaire below. To help us serve you better and understand the types of transactions you anticipate for your credit union account, we are requesting that you answer the following questions. We appreciate you taking the time to answer these questions.

Citizenship *(Check one)*

U.S. citizen Resident alien Nonresident alien

If non-U.S. citizen, country of citizenship _____

Will you be using our wire services regularly? *(Check all that apply)*

Domestic wires more than 5 times a month International wires more than 5 times a month

How will you be primarily funding your account? *(Check only one option)*

Payroll Wires ATM deposits Cash Checks Electronic deposits

Will you have any large cash needs over \$5000 on a regular basis? *(Check one)*

Yes No

How many times a month do you anticipate you will be using the ATM? *(Check one)*

Less than 25 times per month More than 25 times per month

How many checks do you anticipate writing each month? *(Check one)*

0-50 51-100 More than 100

Will you be purchasing money orders more than 5 times a month? *(Check one)*

Yes No

Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com

Toll-free: (800) 451-5719
F: (717) 735-8331
infocu@everence.com



Everence Federal Credit Union
 2160 Lincoln Highway East, Suite 20
 Lancaster, PA 17602

**APPLICATION AND
 SOLICITATION
 DISCLOSURE**



Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	to , based on your creditworthiness.
APR for Balance Transfers	to , based on your creditworthiness.
APR for Cash Advances	to , based on your creditworthiness.
How to Avoid Paying Interest on Purchases	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.
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	
Transaction Fees - Foreign Transaction Fee	1.00% of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$35.00 Up to \$35.00

How We Will Calculate Your Balance:

We use a method called "average daily balance (including new purchases)."

Effective Date:

The information about the costs of the card described in this application is accurate as of:
 This information may have changed after that date. To find out what may have changed, contact the Credit Union.

Missouri Fee Notice:

Credit card fees are governed by §408.140 of the Missouri Revised Statutes, unless we charge fees as permitted by applicable federal law.

For California Borrowers, the Classic Mastercard is a secured credit card. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares, (c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings. Notwithstanding the foregoing, you acknowledge and agree that during any periods when you are a covered borrower under the Military Lending Act your credit card will be secured by any specific Pledge of Shares you grant us but will not be secured by all shares you have in any individual or joint account with the Credit Union. For clarity, you will not be deemed a covered borrower if: (i) you establish your credit card account when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Other Fees & Disclosures:

The following fees do not apply to borrowers in the State of Missouri: Account Set-up Fee, Program Fee, Participation Fee, Additional Card Fee, Application Fee, Balance Transfer Fee, Transaction Fee for Purchases, Foreign Transaction Fee, Over-the-Credit Limit Fee, Statement Copy Fee, Document Copy Fee, Rush Fee, Emergency Card Replacement Fee, PIN Replacement Fee, Card Replacement Fee, Unreturned Card Fee, and Pay-by-Phone Fee.

Late Payment Fee:

\$25.00 or the amount of the required minimum payment, whichever is less, if you are one or more days late in making a payment. In the event you fail to make a payment on time in any of the six billing cycles following the initial violation, you will be charged \$35.00 or the amount of the required minimum payment, whichever is less.

Returned Payment Fee:

\$25.00 or the amount of the required minimum payment, whichever is less. In the event a payment is returned in the same or in any of the six billing cycles following the initial violation, you will be charged \$35.00 or the amount of the required minimum payment, whichever is less.

Card Replacement Fee:

\$10.00.

Document Copy Fee:

\$5.00.

Emergency Card Replacement Fee:

\$41.50.

Pay-by-Phone Fee:

\$10.00.

Rush Fee:

\$41.50.

Statement Copy Fee:

\$7.50.

Temporary Credit Increase Fee:

\$10.00.

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