Albina Community Bank

# THE LOOP VISA™ CARD CREDIT APPLICATION

**CHECK ACCOUNT CHOICE:** ❑ Individual Account ❑ Joint Account ❑ Credit Line Increase: $ _____

Credit Limit Requested: $_____

**CARD CHOICE (ONLY ONE)**
- ❑ No Annual Fee
- ❑ Annual $60 Fee with ScoreCard Benefits (Universal Option only)

**JOIN THE LOOP OF GIVING:** ***At no cost to you, Albina will donate a percentage of your purchases to your favorite local cause. Please pick your cause:***

- ❑ Education
- ❑ Health/Social Services
- ❑ Environment
- ❑ The Arts
- ❑ Economic Development
- ❑ Universal—*Donation is spread across all five areas*

## APPLICANT PERSONAL INFORMATION:

***Note: All applicable sections should be filled out completely. If not, processing of your application may be delayed.***

| | | | |
|---|---|---|---|
| Name: | | Date of Birth: | Tax ID # / SSN #: |
| Home Address: | City/State/Zip: | | How Long? *(Yrs.)* |
| Mailing Address *(if different than above)* | City/State/Zip: | Primary Phone *(Home)*: | Secondary Phone *(Cell)*: |
| Previous Address: | City/State/Zip: | | How Long? *(Yrs.)* |
| Type of ID *(Driver's Lic.; Passport; etc.)* and Number | Expiration Date: | Monthly Housing Payment: ❑ Own ❑ Rent $ | Email Address: |
| Employer: | Self Employed ❑ Yes ❑ No | Work Phone: | Date Employed: |
| Address: | | Position/Occupation: | Monthly Gross Income: $ |
| Name and Address of Previous Employer *(if less than 2 years at present employer)* | | How Long? *(Yrs.)* | Other Income: $ |

## CO-APPLICANT PERSONAL INFORMATION:

***Note: All applicable sections should be filled out completely. If not, processing of your application may be delayed.***

| | | | |
|---|---|---|---|
| Name: | | Date of Birth: | Tax ID # / SSN #: |
| Home Address: | City/State/Zip: | | How Long? *(Yrs.)* |
| Mailing Address *(if different than above)* | City/State/Zip: | | Home Phone: |
| Type of ID *(Driver's Lic.; Passport; etc.)* and Number | Expiration Date: | Monthly Housing Payment: ❑ Own ❑ Rent $ | Email Address: |

| | | | | |
|---|---|---|---|---|
| Monthly Gross Income: $ | Other Income: $ | Employer and Position: | How Long? *(Yrs.)* | Self Employed ❑ Yes ❑ No |

***Note:*** *Inclusion of alimony, separate maintenance or child support as income is voluntary and need not be revealed if you do not wish it to be considered. If you choose to include such income, please provide supporting details. If you are responsible for paying alimony, separate maintenance or child support, please include that information with your obligations.*

## FINANCIAL STATEMENT (*Attach additional sheet if necessary.)*

| *Assets:* | *Value:* | *Owned by:* | *Debts:* | *Payment:* | *Balance:* |
|---|---|---|---|---|---|
| Checking | $ | | Home Mortgage: | $ | |
| Savings | $ | | Bank Cards: | $ | |
| R/E and Other Assets | $ | | Other Liabilities: | $ | |

## NOTICES:

**USA Patriot Act:** In accordance with Section 326 of the USA Patriot Act, all persons are subject to identity verification requirements. If you request to open an account (any formal banking relationship including deposits, loans, safe deposits, trusts, etc.), the Bank will request documentary verification of your identity and will perform appropriate background checks.

| ANNUAL PERCENTAGE RATE FOR PURCHASES AND CASH ADVANCES | ANNUAL MEMBERSHIP FEE | GRACE PERIOD FOR PURCHASES | METHOD OF COMPUTING THE BALANCE FOR PURCHASES |
|---|---|---|---|
| **11.99%** | None, or $60 with Scorecard | 25 Days | Average daily balance including new purchases **An explanation is included in your account agreement.* |
| **LATE PAYMENT FEE** | **BALANCE TRANSFER FEE** | **CASH ADVANCE FEE** | **RETURNED PAYMENT FEE** |
| $20 | 4% | 4% | $20 |

At the date this application was printed (shown in the lower right-hand corner – this side) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by calling 1-800-814-6088.
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 interest on purchases if you pay your entire balance by the due date (Grace Period) each month.
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.
For Credit Card Tips from the Federal Reserve Board: To learn more about factors to consider when applying or using a credit card, visit the website of the Federal Reserve Board at www.federalreserve.gov/creditcard.
If you conduct a transaction involving only U.S. dollars with your Albina Credit Card in a country outside of the U.S., Puerto Rico, or the U.S. Virgin Islands, a fee of 0.8% of the transaction amount will be assessed by VISA. If you conduct a transaction involving multiple currencies, VISA will assess a fee of 1.0% of the transaction amount.

## SIGNATURE(S)

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:** This statement is submitted to obtain credit and I / we certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**X** _____ Applicant Signature Date

**X** _____ Co-Applicant Signature Date

## TRANSFER OF BALANCE REQUEST

**Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.**

❑ Account No. _____ $_____ ❑ Account No. _____ $_____

**Signature**_____ **A copy of your last STATEMENT(S) must be provided before the transfer(s) can be complete.**

| **For Internal Use Only:** | | | **Visa Account No.** | |
|---|---|---|---|---|
| Date Approved: | Credit Line: | Approved By: | Date Ordered: | Ordered By: |