



D.C. Teachers Federal Credit Union  
 First Floor, Edmonds School Building  
 903 D Street N.E.  
 P.O. Box 48009  
 Washington, D.C. 20002-6127  
 (202) 547-4800

# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER-APPLICANT	ACCOUNT NUMBER-CO-APPLICANT	LOAN NUMBER	DATE
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### Applicant/Co-Applicant (or Spouse) Information

#### 1. Method of Payment:

- Payroll Deduction     Automatic Share Transfer     Cash  
 Bi-Weekly     Monthly     Semi-Monthly

#### 2. Definitions

Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to the Lender.

#### 3. Complete Spouse/Co-Applicant information only if any of the following apply:

- This is for joint credit with Your Spouse or other Co-Applicant.
- Your Spouse will use Your Account.
- You're relying on Your Spouse's income as a source of repayment for the credit request.
- You live in a community property state: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin (and Puerto Rico).

#### Open-End Features Applied For:

- Quick Silver Line of Credit    Limit Desired \$ \_\_\_\_\_  
 VISA No. of Cards \_\_\_\_\_ Limit Desired \$ \_\_\_\_\_  
 Overdraft on Account No. \_\_\_\_\_  
 Other \_\_\_\_\_

**Refer to the Important VISA Credit Card Disclosures located on page 3 for rate, fee and cost information.**

#### Closed-End Loans Applied For:

- Secured     Unsecured    Number of Months \_\_\_\_\_  
 \$ \_\_\_\_\_    \$ \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 Collateral Offered \_\_\_\_\_  
 Collateral Owned By \_\_\_\_\_

### APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		BIRTH DATE
CURRENT STREET ADDRESS			APT. NO	SINCE
CITY			STATE	ZIP
RENT	CELLULAR TELEPHONE NUMBER		FORMER STREET ADDRESS	
OWN				
CITY			STATE	ZIP
HOME TELEPHONE NUMBER	E-MAIL ADDRESS		NO.OF DEP.	AGE OF DEPENDENTS

### SPOUSE/CO-APPLICANT (See Information Above)

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		BIRTH DATE
CURRENT STREET ADDRESS			APT. NO	SINCE
CITY			STATE	ZIP
RENT	CELLULAR TELEPHONE NUMBER		FORMER STREET ADDRESS	
OWN				
CITY			STATE	ZIP
HOME TELEPHONE NUMBER	E-MAIL ADDRESS		NO.OF DEP.	AGE OF DEPENDENTS

### EMPLOYMENT AND INCOME Two most current paystubs or if self-employed, attach financial statement and/or income tax return.

CURRENT EMPLOYER			DATE HIRED	
ADDRESS				
CITY		STATE	ZIP	TELEPHONE NUMBER
POSITION			MO. GROSS SALARY	
			\$	
FORMER EMPLOYER — NAME/ADDRESS/TELEPHONE				YRS.

CURRENT EMPLOYER			DATE HIRED	
ADDRESS				
CITY		STATE	ZIP	TELEPHONE NUMBER
POSITION			MO. GROSS SALARY	
			\$	
FORMER EMPLOYER — NAME/ADDRESS/TELEPHONE				YRS.

### OTHER INCOME You need not list income from alimony, child support or separate maintenance unless You wish it considered for purposes of granting this credit.

TYPE OF OTHER INCOME		MONTHLY AMT.	TOTAL MO. INCOME
		\$	\$
NAME/ADDRESS/TELEPHONE OF PAYER			

TYPE OF OTHER INCOME		MONTHLY AMT.	TOTAL MO. INCOME
		\$	\$
NAME/ADDRESS/TELEPHONE OF PAYER			

### PERSONAL REFERENCES

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
ADDRESS		TELEPHONE
PERSONAL REFERENCE — NAME		YEARS KNOWN
ADDRESS		TELEPHONE

### ASSETS AND DEPOSITS LIST ALL ASSETS — ATTACH SEPARATE SHEET IF NECESSARY    A – APPLICANT    C – SPOUSE/CO-APPLICANT

CHECK	TYPE	DEPOSITORY (OR OTHER) NAME & ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE
A	C			
	CHECKING			
	SAVINGS			
	OTHER			

  

DESCRIPTION OF ASSETS	VALUE	PLEGGED AS COLLATERAL	DESCRIPTION OF ASSETS	VALUE	PLEGGED AS COLLATERAL
CAR 1	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	CAR 2	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ASSETS	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ASSETS	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO



Important VISA Credit Card Disclosure. The following disclosure represents important details concerning Your VISA Classic and Visa Secured Credit Card. The information about costs of the Card are accurate as of the effective date of February 24, 2009. You can call Us at (202) 547-4800 or write Us at P.O. Box 48009, Washington, D.C. 20002-0009 to inquire if any changes have occurred since the effective date.

<b>Annual Percentage Rate (APR) for Purchases</b>	VISA Classic - <b>13.50%</b> VISA Secured - <b>11.00%</b>
<b>Other APRs</b>	VISA Classic Cash Advance APR: 13.50% Balance Transfer APR: 13.50%  VISA Secured Cash Advance APR: 11.00% Balance Transfer APR: 11.00%
<b>Grace Period for Repayment of Balances for Purchases</b>	25 days
<b>Method of Computing the Balance for Purchases</b>	Average Daily Balance (including new purchases)
<b>Minimum Finance Charge</b>	None
<b>Annual Fee</b>	\$15
<b>Over Limit Fee</b>	\$20
<b>Late Payment Fee</b>	\$30