

SUMA (Yonkers) Federal Credit Union

ФЕДЕРАЛЬНА КРЕДИТОВА КООПЕРАТИВА СУМА – ЙОНКЕРС, Н.Й.



125 Corporate Blvd., Yonkers, NY 10701-6841 ▪ TEL: 914-220-4900 ▪ FAX: 914-220-4090 ▪ www.sumafcu.org

Branch Offices:

UKRAINIAN YOUTH CENTER ▪ 301 PALISADE AVENUE, YONKERS, NY 10703-2999
 UKRAINIAN HALL ▪ 16 TWIN AVENUE, SPRING VALLEY, NY 10977
 UKRAINIAN RESEARCH CENTER ▪ 39 CLOVELLY ROAD, STAMFORD, CT 06902
 UKRAINIAN HERITAGE CENTER ▪ 555 GEORGE STREET, NEW HAVEN, CT 06511

TEL: (914) 220-4900 ▪ FAX: (914) 965-1936
 TEL: (845) 356-0087 ▪ FAX: (845) 356-5335
 TEL: (203) 969-0498 ▪ FAX: (203) 316-8246
 TEL: (203) 785-8805 ▪ FAX: (203) 785-8677

VISA CREDIT LIMIT CHANGE APPLICATION

NAME: _____

ACCOUNT # _____

NAME: _____

ACCOUNT # _____

Limit Requested: _____

Employer: _____

Annual Income: _____

Years There: _____

Own **or Rent**

Monthly Amount \$ _____

PLEASE READ & SIGN Joint applicant must sign, too.

We rely on every statement you have made in this application. You certify they are correct. If there is a change in any fact that might affect your credit standing, you agree to tell us immediately.

We may exchange credit information with others. If we receive a credit report on you, upon your request, we will tell you the name and address of the consumer reporting agency that furnished it. We may also order a report if we update, renew or later extend the credit we provide.

You agree that this application will remain our property whether or not credit is given. You accept the terms of the agreement and other terms as we may determine from time to time. (The agreement and terms will be given to the applicant only.)

You understand that if you use the card or authorize its use or do not cancel your account within 30 days after you receive the card, the Retail Installment Credit Agreement sent to you with the card will be binding to you.

I authorize any person, association, firm, corporation, or personnel office, to furnish, on request of the SUMA (Yonkers) Federal Credit Union, information concerning my affairs. I have read and fully understand the attached VISA Account Agreement. Anyone who signs as a joint applicant agrees to the above statements as well.

Applicant's Signature (sign below)

Date

X _____

Joint Applicant's Signature (sign below)

Date

X _____

Annual percentage rate for purchases	Variable Rate Information	Grace period for repayment of the balance for purchases	Method of computing the balance for purchases	Annual Fees	Minimum finance Charge	Transaction fee for purchases
9%	N/A	25 days	Average daily balance, including new purchases	None	None	None