



# SCHOOL EMPLOYEES

Lorain County Credit Union, Inc.

340 Griswold Road, Elyria Ohio 44035  
440.324.3400 or 800.451.6315  
www.selccu.org

Account Number \_\_\_\_\_

Office Use Only	
<input type="checkbox"/>	Operations _____
<input type="checkbox"/>	Checks _____
<input type="checkbox"/>	VISA® _____
<input type="checkbox"/>	ChexSystems _____

## Application for Products and Services

### Information

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Services Requested

- Direct Deposit/Payroll Deduction (Separate form required.)
- Overdraft Protection  
Account # \_\_\_\_\_
- VISA® Check Card (Subject to qualification.)
  - Co-applicant VISA® Check Card
- ATM Card
  - Checking Access     Share Savings Access     Both
  - Co-applicant ATM Card
- Touch-Tone Teller

### Free Online Services (Available through our Web site [www.selccu.org](http://www.selccu.org).)

- SELCCU Online
- Bill Pay
- e-Statements
- e-News E-mail Address (required) \_\_\_\_\_

All members with e-mail addresses will receive information on special events and promotions.

**Please see reverse side for  
Loans/Visa® Credit Card application.**

### Checking Accounts Minimum deposit to open is \$25. Allow 7-10 business days to receive your checks by mail. See rate schedule for fees.

Club FLY Checking (ages 13-17)\* .....  50 free checks or  Check Style Code: \_\_\_\_\_

Young Adult Checking (ages 18-25) .....  50 free checks

A+ Checking\* .....  50 free checks or  Check Style Code: \_\_\_\_\_

\*Requires minimum balance/deposit to avoid monthly fee.

Prime Advantage Checking (age 55 and older) .....  FREE Prime Advantage checks or  Check Style Code: ◆ \_\_\_\_\_

1. Name(s) on your checks     Applicant only     Applicant and Co-Applicant
2. If you wish to have your new checks sent to another address, please indicate here:  
\_\_\_\_\_
3. Would you like to have your phone number on your checks?     Yes     No
4. Beginning Check Number \_\_\_\_\_

• Requires parental acknowledgement form and successful completion of Checking Quiz.

◆ Available to Prime Advantage Club members at a discounted price.

Rev 06/09

### Signatures

*By signing below, the undersigned has applied for membership with SELCCU; agrees to its by-laws and the terms and conditions of any approved account, as amended from time to time; and authorizes SELCCU to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certifies that the information provided on the application is true and correct, and that the terms on the application apply to all accounts held by the undersigned at this credit union. The undersigned acknowledges receipt of the named disclosures and the terms that apply to the above referenced accounts.*

X \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Loans/VISA® Credit Cards** (Remember to also complete the Information Section on page 1.)

**Amount requested:** \_\_\_\_\_ **Purpose of loan:** \_\_\_\_\_

Copies of pay stubs (required)

Will you be applying for individual or joint credit?  Individual  Joint

If applying for joint credit please sign to verify that you intend to apply for joint credit.

Applicant's Signature \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_

Marital status: Complete marital status if this loan is for joint or secured credit, or if you reside in or rely on property located in a community property state.

(AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Unmarried  Married  Separated

Do you wish to purchase Credit Life Insurance?  Yes  No  Single  Joint Disability Insurance?  Yes  No  Single  Joint

Credit Life or Disability Insurance is not required to obtain this loan.

**Applicant Information**

Name \_\_\_\_\_

Length of time at this address Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  Own  Rent Rent/Mortgage Payment \$ \_\_\_\_\_

Employer \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Position/Title \_\_\_\_\_ Annual Gross Income \_\_\_\_\_ # of Dependents \_\_\_\_\_

Previous Employer (if less than 1 yr. at current) \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Other Income \_\_\_\_\_ Source \_\_\_\_\_ Contact Info \_\_\_\_\_

Income from alimony, child support or separate maintenance need not be revealed if you do not choose to rely upon it in applying for credit.

Nearest relative not living with you \_\_\_\_\_ Phone \_\_\_\_\_

**Co-Applicant Information**

Name \_\_\_\_\_

Length of time at this address Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  Own  Rent Rent/Mortgage Payment \$ \_\_\_\_\_

Employer \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Position/Title \_\_\_\_\_ Annual Gross Income \_\_\_\_\_ # of Dependents \_\_\_\_\_

Previous Employer (if less than 1 yr. at current) \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Other Income \_\_\_\_\_ Source \_\_\_\_\_

Income from alimony, child support or separate maintenance need not be revealed if you do not choose to rely upon it in applying for credit.

*I/We hereby authorize School Employees Lorain County Credit Union, Inc., any Credit Bureau, or other investigative agency employed by such Credit Union, to investigate the references herein listed, statements, other data obtained from me/us, from any other source whatsoever pertaining to my credit and financial responsibility. I/We understand that the use of my credit card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement. A condition of my/our account is my/our authorization of granting the Credit Union a security interest in my/our share accounts. By signing below, I'm/We're granting the Credit Union a security interest in all individual and joint share and/or deposit accounts I/We have with the Credit Union now and in the future to secure my/our credit card account. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security are not subject to this security interest. When I/We am/are in default, the Credit union may apply the balance in these accounts to any amounts due under the credit card agreement. 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.*

X \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Fair Credit and Charge Card Disclosure						
Annual Percentage Rate (APR) for Purchases	Other APR's*	Grace Period for Purchases	Method of Computing the Balance for Purchases	Annual Fee	Minimum Finance Charge	Transaction Fee for Purchases
VISA Platinum <b>8.9% - 16.9%<sup>▲</sup></b>	Cash Advance.....8.9% - 16.9% <sup>▲</sup> Balance Transfer.....8.9% - 16.9% <sup>▲</sup> Penalty Rate.....16.9% <sup>◆</sup>	25 days	Average Daily Balance (including new purchases)	None	None	None
Multiple Currency Foreign Transaction Fee..... 1% <sup>■</sup> Single Currency Foreign Transaction Fee..... 0.8% <sup>■</sup> Balance Transfer Fee..... None Late Payment Fee..... \$22.00* Over-the-Credit Limit Fee..... \$22.00**						
<sup>▲</sup> The ANNUAL PERCENTAGE RATE is based on certain credit-worthiness criteria. <sup>◆</sup> when 60 days delinquent in making a payment. <sup>■</sup> of transaction amount. <sup>*</sup> if 16 or more days late. <sup>**</sup> if 2% over your credit limit.						
The information about the costs of the card described in this application is accurate as of 3/2009. This information may have changed after that date. To find out what may have changed, contact the credit union.						

