

Guide for Credit Card Application

If you are not already a FBCU member, please download the membership application and submit it and the required \$25 deposit along with this credit card application.

1. Be sure to select either MasterCard or Visa at the top of the form.
2. Complete the personal information sections.
3. Please review the important disclosures about how interest rates and fees are calculated.
4. There are three sections for signatures. Read the first two sections and sign where indicated. If you wish to enroll in the Charge Card Insurance Plan, sign in the space provided below the “YES.”
5. Send to the following address:

Florida Baptist Credit Union

1320 Hendricks Avenue

Jacksonville, Fl 32207

904-396-4208

904-398-5259 (Fax)

800-749-3228 (Toll-Free)

PLACE
STAMP
HERE

USE A CREDIT CARD WITH A MISSION

- ◆ Serving Your Needs
- ◆ Serving Mission Needs



*Serving the
Financial Needs
of Southern
Baptists
Throughout Florida*

**Florida Baptist
Credit Union**

DISCOVER THE FLORIDA BAPTIST CREDIT UNION DIFFERENCE

Choose **MASTERCARD** or **VISA**
and discover:

WORLDWIDE ACCEPTANCE

CONVENIENT PURCHASING POWER

SAFE and SECURE purchasing power

BUILD CHURCHES IN FLORIDA

With every purchase FBCU will give 20% of its net Interchange fee, which is paid by the merchant, to help mission work in Florida.

CHOICE OF PAYMENT PLANS

- ◆ Pay the entire balance and pay **NO** finance charges.
- ◆ Pay the minimum monthly payment and pay a finance charge on the average daily balance.

TRAVEL ACCIDENT INSURANCE

\$500,000 of Travel Accident Insurance for you, your spouse and dependent children under age 19 (or 23 for a full time student in an accredited college or university). This insurance is automatic and coverage applies when fares for common carrier travel (plane, bus, ship, etc.) are charged on your Florida Baptist Credit Card. This outline is not a complete description of coverage. The Master Policy contains the legal provisions of the plan. This coverage is free to you as a member of Florida Baptist Credit Union.

APPLY TODAY!

SUMMARY OF INSURANCE COVERAGES

IMPORTANT INFORMATION ON CHARGE CARD 2000 LIMITATIONS, EXCLUSIONS, COSTS: Upon acceptance of your enrollment, you will receive your certificates and/or policies indicating your effective date. Eligibility, restrictions and exclusions vary by coverage and state. Read your certificates and/or policies carefully for full details. If you have other insurance that covers the same risks as described, you may not need or want to purchase this insurance. You are free to cancel anytime. Premium rates are subject to change. Rates disclosed are accurate as of the printing date of this disclosure. The underwriters referenced below reserve the right to modify the terms and conditions of the insurance certificates upon written notice and subject to state regulations.

LIFE COVERAGE: If you or your joint cardmember die (joint cardmember must be spouse or business partner in GA, MD, NM & TX; no joint cardmember; then spouse), Charge Card 2000 will pay the outstanding account balance as of the date of death, up to the master policy maximum of \$10,000. Only single Life coverage in CA & ME. Suicide is excluded, except in MD, ME & MO. Life coverage is replaced with Accidental Death coverage at age 65 in HI; 66 in IA, IN, VT & WY. In CA, we won't pay a claim on an advance if you commit suicide within six months of that advance.

DISABILITY/UNEMPLOYMENT COVERAGE (applies only to you, the primary cardmember): If you become totally disabled or involuntarily unemployed, Charge Card 2000 will make your scheduled minimum monthly payment due on your account as of the date of loss, until your balance is paid off, you return to work, or you reach the master policy maximum of \$10,000, whichever occurs first. You are eligible for these coverages if employed 30 hours or more a week or as otherwise required by state law (in PA, employed at least 9 months of the year) in a nonseasonal occupation (seasonal restriction does not apply to disability in AK, AL, AZ, CA, CO, MD, ME, MI, MO, MT, NJ, NM, NY, OR, PA, RI, SC, TX, VA & WI; to unemployment in AK, AL, CO, MD, ME, MI, MO, MT, NC, NJ, NM, NY, PA, SC, TX, VA & WI). Benefits begin after 30 consecutive days of unemployment or disability and are retroactive to the first day of loss. Disability coverage is not retroactive in MA. Unemployment benefits are limited to 12 months in MN & PA. Disability benefits are not payable for normal pregnancy/childbirth in CA; flight in non-scheduled aircraft in MA, NC & PA; military services in NC; pregnancy in NC, PA & VA; self-inflicted injury in CA, MA, NC, NY, PA & VA; suicide in CT; sickness from intoxication in NC; foreign travel/residence in MA; war in MA & NC. Unemployment excludes willful or criminal misconduct in CT, MA, NY & TX; disability in CT, MA, NY, TX & WI; voluntary forfeiture of salary, wages or employment income in CT, MA, NY & TX; incarceration in ME; labor disputes in AR & IL; lockouts in IL & NY; strikes in AR, IL & NY; notification of pending unemployment in CT, MA & TX; pregnancy in ME; voluntary resignation in NY; self employment in CT, MA, ME & TX; severance pay in ME; voluntary discharge from military in NY; illegal walkout in NY.

LEAVE OF ABSENCE (applies only to you, the primary cardmember): Charge Card 2000 will pay your scheduled minimum monthly payment based on the outstanding balance as of the date of leave, for up to six consecutive months, if you take a temporary employer-approved unpaid leave of absence from work due to: accident or illness of an immediate family member; childbirth/adoption (except in NJ); recall to active military service; or residing in a federally-declared disaster area. Benefits begin after 30 consecutive days of leave of absence and are retroactive to the first day of leave. You are eligible for this coverage if employed full-time, by someone other than yourself, in a nonseasonal occupation. Benefit payments do not apply to leave during the first 90 days of coverage (except in KS & NJ). Leave of absence coverage is not available in AK, ID, IN, LA, MN, MO, NC, NE, NH, NM, NY, OR, SC, TX & VT.

GENERAL PROVISIONS: Maximum enrollment age is 69, except: 64 in CA, HI, NJ, RI, WA & WI; 65 in CT, IA, IN, MA, ME, MN, NY, OR, PA, VT & WY; 70 in FL, MI, MO & OK; 71 in NM; in TX, no maximum age applies. Coverage terminates at age 65 in CA, NJ, RI, WA & WI; 66 in CT, MA, ME, MN, NY, OR & PA.

The monthly premium charged to your credit card account will be 82¢ per \$100 of your outstanding balance, except: 59¢ in AK; 87.5¢ in AL; 81.8¢ in AZ; 72.5¢ in CA; 55¢ in CO; 64.1¢ in CT; 79.5¢ in GA; 73.3¢ in HI; 73.7¢ in IA; 71.2¢ in ID; 60¢ in IL; 66¢ in LA; 67.7¢ in MA; 57.6¢ in MD; 72¢ in ME; 79.7¢ in MI; 40.1¢ in MN; 60¢ in MO; 64.6¢ in NC; 30.8¢ in ND; 67¢ in NE; 46.9¢ in NH; 74¢ in NJ; 62.6¢ in NM; 34.3¢ in NY; 59.5¢ in OR; 63.8¢ in PA; 77.2¢ in RI; 67.4¢ in SC; 38.6¢ in TX; 78.6¢ in UT; 32.2¢ in VA; 56.4¢ in VT; 76¢ in WA; 73.3¢ in WI; 73.3¢ in WY.

Coverage is underwritten by American Bankers Life Assurance Company of Florida (ABLAC) and Annapolis Bankers Insurance Company of Florida (ABIC), 11222 Ojai Road Drive, Miami, FL 33157-6584. In NY, life and disability coverage is provided by First North Life Insurance Company, Syracuse, NY. TX life and disability coverage is provided by AC31 (ACB-0592 (3.53 R A) Ameropolis Company, State Farm Life Insurance Company, Bloomington, IL. Life and disability coverage provided by ABLAC and ABLIC provides non-accident coverage, death benefits, and disability benefits, provided under the following numbers: AC2238PL, AC2149PL-0995; BA2051-PL, AB9402PQ-485, AB8899PQ-0995 & BA2016PD-0795. The creditor has a financial interest in the sale of this insurance.

Coverages are only available as a package. If you cancel within 30 days of receiving your certificate and/or policies, we will refund your premium. Insurance and cost disclosures are accurate as of the printing date.

This insurance product is not a deposit, nor is it insured or guaranteed by the FDIC, NCUA, Florida Baptist Credit Union, or any Federal Government Agency. We may not condition your extension of credit on either your purchase of an insurance product from us or our affiliates, your agreement not to obtain insurance from an unaffiliated entity, or a prohibition on your obtaining insurance from an unaffiliated entity.

FL residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FLORIDA ACKNOWLEDGEMENT FORM
Pursuant to Florida Statutes 627.679 (1)(c)

2/02

I understand that I have the option of assigning any other policy or policies I own or may procure for the purpose of covering this account and that the policy need not be purchased from us or anyone else in order to obtain the loan.

I understand that the credit life coverage may be deferred if, at the time of application, I am unable to engage in employment or unable to perform normal activities of a person of like age and sex, if proposed credit life insurance policy contains this restriction.

I understand that the benefits under the policy may terminate when I reach a certain age and I acknowledge that my age is stated correctly on the application or policy.

APPLICANT #1	DATE	APPLICANT #2	DATE
X	/ /	X	/ /

FLORIDA BAPTIST CREDIT UNION
1320 HENDRICKS AVENUE
JACKSONVILLE FL 32207-8680

CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Card Choice: MasterCard Visa Secured Visa

APPLICANT

Note: All Applicants Sections Should Be Filled Out Completely. If Not, Processing Of Your Application May Be Delayed.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	How Long (yrs)	
Current Address		City	State	Zip Code	Mortgage/Rent Payment Amount
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous Address		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone		How Long (yrs)	
Address		Position/Occupation			Monthly Gross Income
Source of Additional income*					Amount per Month \$
* You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.					
Nearest Relative (Not Living With You)			Home Phone	Relationship	
Their Address		City	State	Zip Code	

CO-APPLICANT

Complete This Section Only If Co-Applicant is Applying For a Joint Account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	How Long (yrs)	
Current Address		City	State	Zip Code	Mortgage/Rent Payment Amount
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone		How Long (yrs)	
Address		Position/Occupation			Monthly Gross Income
Source of Additional income*					Amount per Month \$
* You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.					

ANNUAL PERCENTAGE RATE FOR PURCHASES
10.90 %

ANNUAL PERCENTAGE RATE FOR CASH ADVANCES AND BALANCE TRANSFERS	ANNUAL MEMBERSHIP FEE	GRACE PERIOD	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	LOST OR STOLEN REPLACEMENT CARD FEE
10.90%	None	25 DAYS**	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES**	5% of payment due (\$20 minimum)	\$25.00	\$10.00

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 writing to the business reply address shown on the reverse side.

** A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from closing date.

The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges. A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made.

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 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. I/we understand and agree that the Credit Union has the authority to impress and enforce a lien on all present and future shares in my/our name to the extent of that portion of the loan balance which may be in default, including costs of collection and reasonable attorney's fees.

X Applicant Signature _____ Date _____ **X** Co-Applicant Signature _____ Date _____

I/we pledge all shares and/or deposits (including amounts in draft accounts) and payments and earnings thereon which you now or hereafter may have with us, whether held jointly, individually or in trust, as security for any and all monies advanced or purchases made by use of the Card and any interest accrued thereon. Upon default you authorize us to take what you owe us out of any such account (except Individual Retirement Accounts) you have with us. You further understand such a security interest is a condition of the Credit Union granting you credit.

X Applicant Signature _____ Date _____ **X** Co-Applicant Signature _____ Date _____

By signing the enrollment form to elect insurance, I also acknowledge that I have received the disclosures contained in the Summary of Insurance Coverages and have signed the Florida Acknowledgement on the reverse side.

By electing optional Chargegard 2000 insurance, I acknowledge that: I do not need this insurance to get credit and I can get similar coverage from any insurer I choose. Chargegard 2000 includes credit life, disability, involuntary unemployment and leave of absence to the extent available in my state as described in the Summary Of Insurance Coverage*. I read and meet the age and employment eligibility requirements shown in the Summary Of Insurance Coverages. Monthly premium charges are based on the account balance and rate shown. I will receive notice of any rate increase. I may cancel any-time.

*Please see the Summary of Coverages on the reverse side of this application

Yes, Please enroll me in Chargegard 2000 credit insurance.

Sign **X** Primary Cardholder _____ Date ____/____/____ Birthdate ____/____/____ Sign **X** Co-Cardholder _____ Date ____/____/____ Birthdate ____/____/____

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.

Visa Account No. _____ MasterCard Account No. _____
Signature _____ Please send a copy of your last STATEMENT.

FOR INTERNAL USE ONLY

ACCOUNT NO.	DATE APPROVED	CREDIT LINE	APPROVED BY
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