



Florida Baptist Credit Union

1320 Hendricks Avenue - Jacksonville FL 32207

800-749-3228



Easy as 1-2-3!

1. Are you a member? Just complete the application!

Be sure to let us know whether you'd like the FBCU Visa or FBCU Mastercard!
(Not a member? Joining is easy! Just see our Membership page!)

2. Just let us know if you have any questions . We are here to help!

3. Mail completed application to MyFBCU at address at top left! That was Easy!

Be sure to check out the Charge Card Insurance Plan benefits!
(You can apply for enrollment right on the application form below!)

Balance Transfer? Glad you asked ...
(You can provide the information directly on the form below!)

CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Account Choice:
(Signature required for joint applicant)

- ☐ Individual Account
☐ Joint Account
(see co-applicant and signatures section)
☐ Credit Line Increase

Check Card Choice ☐ Visa® ☒ MasterCard®

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.	Last Name		First		Middle		Social Security #	
	Date of Birth	No. of Dependents	Home Phone ()		Cell Phone ()		☐ Own ☐ Rent ☐ Other	Monthly Payment \$
	Current Address		City		State		Zip Code	How Long (yrs)
	Mailing Address (if different from above)		City		State		Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City		State		Zip Code	How Long (yrs)
	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)	
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness						Amount per Month \$	
	Nearest Relative (Not Living With You)				Home Phone ()		Relationship	
CO-APPLICANT Intended for joint applicant, this information is required for an individual account.	Last Name		First		Middle		Social Security #	
	Date of Birth	No. of Dependents	Home Phone ()		Cell Phone ()		☐ Own ☐ Rent ☐ Other	Monthly Payment \$
	Current Address		City		State		Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City		State		Zip Code	How Long (yrs)
	Employer		☐ Self Employed ☐ Yes ☐ No		Work Phone ()		Date Employed	
	Address				Position/ Occupation		Monthly Gross Income \$	
CREDIT INFO Attach Additional Sheets if Necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance	
	1. Home Mortgage/Rent							
	2. Bank Credit Card/Bank Name and Address							
CHARGE CARD	CHARGE CARD INSURANCE PROTECTION REQUEST MD & VA residents: Please contact this institution to obtain the insurance application applicable to your state. By electing optional Charge Card insurance, I acknowledge that Charge Card includes credit life, disability, involuntary unemployment, and leave of absence to the extent available in my state as described in the Summary of Insurance. I read and I meet the age eligibility requirements shown in the Summary of Insurance*. Monthly premium charges are based on the account balance and the rate shown, I may cancel anytime. *Please see the Summary of Insurance on the back. Yes, please enroll me in Charge Card Credit Insurance X _____ Signature _____ Date of Birth _____ Date _____ N1991-0299 NonStd ID#19							
	SIGNATURES 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 cardholder 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 you intend to apply for joint credit, 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 _____							
FOR 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. ☐ Credit Card Account Number _____ Amount to be transferred \$ _____ Signature _____							
	Visa Account No. _____				MasterCard Account No. _____			
FOR INTERNAL USE ONLY	Date Approved		Credit Line		Approved By		Date Approved	
							Credit Line	