



1320 Hendricks Avenue
Jacksonville, FL 32207

Phone: 1(800)749-3228
Fax: (904)398-5259

CHURCH/ORGANIZATION CREDIT CARD APPLICATION REQUIREMENTS

Thank you for considering FBCU for your organization's credit card needs. Please read this letter and follow the directions to complete your application. Items below must be forwarded with the completed application. **Where officers are requested to sign, please refer to your governing documents to assure that the correct individuals sign.**

- ☐ 1. Financial and Statistical Report and Credit Card Request signed and dated by officers
- ☐ 2. Copy of most recent filing of Corporate Officers with the State of Florida
- ☐ 3. Copy of current By-Laws
- ☐ 4. Last month's Financial Statement/Income Statement
- ☐ 5. Last three years Fiscal year-end Financial Statement/Income Statement
- ☐ 6. Copy of current budget
- ☐ 7. Three months bank statements for all cash/investment accounts
- ☐ 8. Credit Card Resolution



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RE: Church Corporate Credit Card Application

Enclosed is the credit card information to establish a corporate credit card in your church's name. The account works the same as most corporate cards in that the balance is **paid in full each month**. The difference is that with every purchase made with a Florida Baptist Credit Union credit card, the credit union earns a fee from the merchant. The credit union then returns a portion of this fee to the Florida Baptist Convention for mission work within the state.

We do our best to prevent from credit card **fraud** and ensure that our members have excellent security and protection. While we will do our best to combat any fraudulent charges that may occur on your credit card, the church/organization is financially responsible for all charges made on their credit card(s). We are asking for individual card holder **cell phone numbers** so that we can get in touch with the card holder and take measures to combat fraud. Cell phone numbers will only be used in relation to suspect fraud activity.

Every time you use your credit card, you are contributing toward the 10% tithe given by FBCU to **further the cause of Christ** in Florida. Instead of just being content with a credit card that works for you, you can have a card that works for the Kingdom as well!

When establishing your church's **aggregate credit limit** you may want to consider allowing flexibility by not setting a limit that is too low. A new certificate of resolution is required every time there is an increase in the aggregate limit or if your officers change. Please keep this in mind as you establish your limit.

We look forward to working with your church and if you should have any questions, please do not hesitate to get in touch!

In His Service,

Jennifer Beiler

Credit Administration

1-800-749-3228

jbeiler@fbcu.org



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CREDIT CARD REQUEST: FINANCIAL AND STATISTICAL REPORT

Church/Organization Name: _____

Address: _____

Telephone Number: _(____)_____ Pastor's Name: _____

FBCU Account Number: _____ Association Affiliation: _____

Type of Credit Cards Requested: _____ MasterCard _____ Visa

STATISTICAL INFORMATION

	Present Year to Date _____/_____ Month / Year	Previous Year End _____/_____ Month / Year	Previous Year End _____/_____ Month / Year
Resident Church Membership			
Total Undesignated Receipts			
Total All Receipts			
Number of Paid Staff -- Full Time			
Number of Paid Staff -- Part Time			

Length of time Pastor on Staff: _____ Length of Pastor's Related experience: _____

FINANCIAL SUMMARY

Church Property, Buildings, and Equipment	\$
Cash on Hand	\$
Bank Name:	**\$
Bank Name:	**\$
Bank Name:	**\$
Other:	**\$
Other:	**\$



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****Provide copies of three months statements**

Accounts Payable		\$
		\$
		\$

Debts		\$
		\$
		\$
Total Monthly Payments		\$

TOTAL CREDIT LIMIT REQUESTED: _____

PLEASE PROVIDE OTHER PERTINENT INFORMATION (Example: Daycare facility on site, Designated Offerings for this loan purpose, Special Programs, Recent Changes in Staff, Etc.)

DATE OF CHURCH/OFFICIAL BODY APPROVAL: _____

Contact Name: _____ Contact Phone Number: () _____

SIGNATURES OF OFFICIALS requesting loan for church/organization
(Please refer to governing documents to ensure signatures are of the appropriate officers)

Trustee/Officer Date

Trustee/Officer Date

Trustee/Officer Date

Trustee/Officer Date



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CERTIFICATE OF RESOLUTION FOR CREDIT CARDS

I, THE UNDERSIGNED Secretary/Clerk of _____
(hereinafter called "Organization"), hereby certify that the following is a true copy of the resolution adopted by: (1)_____ The Membership or (2)_____ The Directors of the Organization in accordance with the Charter, By-Laws, and/or Amendments of the Organization, at a duly called and convened meeting at which a quorum was present and acting throughout the meeting on the _____ day of _____, 20____; and that the said resolution is in full force and effect, never having been modified or canceled:

RESOLVED that this Organization obtain credit card account(s) from Florida Baptist Credit Union. The Organization as holder of the credit cards and accounts assumes responsibility for activity on the accounts and for possession of the credit cards. The Organization fully guarantees all debts incurred in connection with the accounts and the cards used to activate the accounts. The Organization authorizes the following individuals to be holders of credit card accounts in the name of the organization with the accompanying stated limits. By signing below, credit card account holders and the Organization fully understand and agree to be bound by the terms of this agreement.

NAME	CELL PHONE NUMBER	LIMIT	SIGNATURE

NAME	CELL PHONE NUMBER	LIMIT	SIGNATURE

NAME	CELL PHONE NUMBER	LIMIT	SIGNATURE

NAME	CELL PHONE NUMBER	LIMIT	SIGNATURE

NAME	CELL PHONE NUMBER	LIMIT	SIGNATURE

NAME	CELL PHONE NUMBER	LIMIT	SIGNATURE

FURTHER RESOLVED the following employees or officials of the Organization are authorized to designate additional cardholders, cancel individual credit cards, or change assigned cardholder limits as desired from time to time staying within the aggregate limit of \$_____.

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Page Two of Certificate of Resolution for Credit Cards

These change requests will be in writing with the signature of any new cardholder and the signature of the authorized individual making the request. It is understood that requests to increase the aggregate limit will be accompanied by a new Certificate of Resolution for Credit Cards and any other additional documentation requested by the Florida Baptist Credit Union.

_____ NAME	_____ SIGNATURE
_____ NAME	_____ SIGNATURE
_____ NAME	_____ SIGNATURE

By signing below the Organization fully understands and agrees to be bound by the terms and conditions as stated on the first page of this Certificate of Resolution.

President/ _____ Trustee	_____ SIGNATURE
Vice President/ _____ Trustee	_____ SIGNATURE
Secretary/ _____ Trustee	_____ SIGNATURE
Treasurer/ _____ Trustee	_____ SIGNATURE

I further certify that the persons listed herein are the Officers or Trustees of the Organization who were duly elected on the _____ day of _____, 20____, to serve for a term to expire on the _____ day of _____, 20____, and as such are authorized to enter into this agreement.

Secretary/ _____ Clerk	_____ SIGNATURE
Date _____	