

VISA AND SERVICARD APPLICATION

CHECK WHICH CARD(S) YOU ARE APPLYING FOR

- VISA CLASSIC SERVICARD
 VISA GOLD VISA CHECK-MATE



PLEASE CHECK TYPE OF ACCOUNT:

- INDIVIDUAL ACCOUNT** (one card)
 Only your own credit worthiness will be considered when we review your application. If applying for an individual account, it is not necessary to complete the shaded area of the application.
- JOINT ACCOUNT** (two cards)
 Credit information must be provided by both the applicant and joint applicant and the credit worthiness of both will be considered. Both signatures are required.

BANK USE	
DATE	REVIEWER
CL	# CARDS

Please provide the First Federal account(s) you would like to access with your ServiCard or Check-Mate card.

Checking Account # _____ Checking Account # _____
 Statement Savings # _____ Statement Savings # _____

APPLICANT

NAME	DATE	MONTHLY PAYMENT FOR HOUSING	DO YOU:
STREET ADDRESS	HOME PHONE	YEARS AT PRESENT ADDRESS	OWN <input type="checkbox"/>
CITY	STATE		ZIP
PREVIOUS STREET ADDRESS	YEARS THERE	SOCIAL SECURITY NO.	
CITY	STATE	ZIP	DATE OF BIRTH
PRESENT EMPLOYER	BUSINESS ADDRESS	PHONE	
OCCUPATION	YEARS THERE	GROSS ANNUAL INCOME \$	
PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION	GROSS ANNUAL INCOME \$
OTHER INCOME (Optional) Annual Gross \$	SOURCE: (Alimony, child support, or separate maintenance income need not be revealed if you do not desire such income to be considered.)		
NEAREST RELATIVE NOT LIVING WITH YOU			PHONE
NAME	ADDRESS		

JOINT APPLICANT

NAME	DATE	MONTHLY PAYMENT FOR HOUSING	DO YOU:
STREET ADDRESS	HOME PHONE	YEARS AT PRESENT ADDRESS	OWN <input type="checkbox"/>
CITY	STATE		ZIP
PREVIOUS STREET ADDRESS	YEARS THERE	SOCIAL SECURITY NO.	
CITY	STATE	ZIP	DATE OF BIRTH
PRESENT EMPLOYER	BUSINESS ADDRESS	PHONE	
OCCUPATION	YEARS THERE	GROSS ANNUAL INCOME \$	
PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION	GROSS ANNUAL INCOME \$
OTHER INCOME (Optional) Annual Gross \$	SOURCE: (Alimony, child support, or separate maintenance income need not be revealed if you do not desire such income to be considered.)		
NEAREST RELATIVE NOT LIVING WITH YOU			PHONE
NAME	ADDRESS		

BOTH APPLICANTS

LIST ALL OUTSTANDING DEBTS OR CREDIT REFERENCES	TYPE OF DEBT OR ACCOUNT #	PRESENT BALANCE	PAYMENTS	LIST ALL LIQUID ASSETS - SAVINGS, CHECKING, CERTIFICATES OF DEPOSITS, STOCKS, BONDS, ETC.
1.			\$	Institution \$
2.				
3.				
Other Obligations - (E.g., liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary)				Other Assets - Use separate sheet if necessary.

Everything that I (we) have stated on this application is correct to the best of my (our) knowledge. I (we) understand that you will retain this application. You are authorized to check my (our) credit and employment history and to answer any questions about your credit experience with me (us). I (we) agree to be bound by the terms and conditions set forth in the Cardholder Agreement that will be mailed to me (us) along with my (our) card(s). 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.

PLEASE READ THE ACCOMPANYING DISCLOSURE.

SIGNATURE OF APPLICANT

SIGNATURE OF JOINT APPLICANT