



Washington State Employees Credit Union

P.O. Box WSECU
Olympia, WA 98507
(800) 562-0999

VISA REQUEST FORM

VISA REQUESTS REQUIRE A MASTER LOAN APPLICATION BE ON FILE

Credit Card Account: Individual Joint Adding Authorized Signer Removing Authorized Signer

Account Type: WSECU Platinum WSECU Cash Back WSECU Low Rate WSECU Create

Number of Cards _____ Visa Account Number _____

PRIMARY MEMBER		CO-APPLICANT	
NAME (Last - First - Initial)	DATE	NAME (Last - First - Initial)	DATE
LOAN NUMBER		LOAN NUMBER	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
ADDRESS (Street - City - State - Zip)		ADDRESS (Street - City - State - Zip)	

SECURITY INTEREST

THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION.

IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest. If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

If you are covered borrower at the time of application (as defined in the Military Lending Act, 10 U.S.C. 987 and implementing regulations), this section will only apply once you are no longer considered a covered borrower. Initialing this section will not remove your rights under the Military Lending Act while you are a covered borrower.

_____ (Applicant Initials) _____ (Co-Applicant Initials)

If you have applied for a Credit Card and you wish to have two (2) cards issued, you must check one of the following:

Please issue the 2nd card (with the same account number as mine) in the name of the co-applicant who completed and signed this application.

Please issue the 2nd card to my authorized signer as follows:

Authorized Signer Name: _____ Address: _____ SSN: _____ Date of Birth: _____

Authorized Signer Name: _____ Address: _____ SSN: _____ Date of Birth: _____

PRIMARY MEMBER SIGNATURE	DATE
X	

CO-APPLICANT SIGNATURE	DATE
X	

AUTHORIZED SIGNER SIGNATURE	DATE
X	

AUTHORIZED SIGNER SIGNATURE	DATE
X	