



We are *the* credit union of The LCMS.

MINISTRY CLASSIC CREDIT CARD APPLICATION

Please Note: you must become a member of LutheranFCU first!

Once membership has been established, please submit the following:

- a. Completed and signed LutheranFCU Ministry Classic Credit application.
-Minimum two (2) signers chosen from the LutheranFCU deposit account, and the Account Manager **must** be one of those signers.
- b. Financial Statements for the previous two (2) completed fiscal years. At a minimum, this must consist of Income Statements (Profit & Loss) and Balance Sheets (Assets & Liabilities).
- c. Copy of your most recent month's full bank statements (all pages, even blank pages) from your primary bank account.

Please send the signed application along with the financial documentation to one of the below contacts:

- Email: Loans@lutheranfcu.org
- Fax on high resolution: (314) 394-2799
- Mail: Lutheran Federal Credit Union

10733 Sunset Office Drive Suite 406

St. Louis, MO 63127

MINISTRY CREDIT CARD APPLICATION

LOAN REQUEST

Member/Account Number: _____

Application Type: New Credit Card Credit Limit Increase Secured Credit Card

Type of Business:

LCMS Congregation Owned School LCMS District LCMS Congregation Owned School LCMS Connected Business
Secured Credit Card Only

Amount Requested: \$ _____

MEMBER INFORMATION

BUSINESS NAME

ADDRESS

DBA NAME(S)

PRIOR BUSINESS NAME (IF APPLICABLE)

BUSINESS EMAIL

TELEPHONE

YEAR BUSINESS ESTABLISHED

LFCU ACCOUNT MANAGER

TITLE

TYPE OF ORGANIZATION

INDIVIDUAL PROPRIETORSHIP PARTNERSHIP CORPORATION ASSOCIATION LLC NON-PROFIT OTHER:

CARDHOLDERS REQUESTED INFORMATION

(First 3 cards free; please see LutheranFCU cost recovery schedule on website for each additional card)

NAME DATE OF BIRTH SOCIAL SECURITY NUMBER

PHONE NUMBER DRIVER'S LICENSE NUMBER/STATE ISSUE DATE EXPIRATION DATE

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SOURCES OF INCOME

Important Notice:

Please complete all fields, if does not apply please place "N/A".

LIST OF ASSETS

LIST OF LIABILITIES

DESCRIPTION	VALUE	LOAN TYPE	LENDER	BALANCE	MONTHLY PAYMENT
CHECKING (NAME OF INSTITUTION):		MORTGAGE LOAN			
SAVINGS (NAME OF INSTITUTION):		CREDIT CARD			
REAL ESTATE OWNED ADDRESS:		Type:			
OTHER:		Type:			
OTHER:		Type:			

FINANCIAL INFORMATION

INCOME / REVENUE	CURRENT FINANCIAL YEAR: _____	PREVIOUS FINANCIAL YEAR: _____
TOTAL ANNUAL INCOME		
NET PROFIT / NET LOSS		

IF A CONGREGATION / SCHOOL PLEASE COMPLETE THE FOLLOWING:

	CURRENT YEAR	PREVIOUS YEAR
CONGREGATION - Communicant Membership		
CONGREGATION - Average Weekly Attendance		
CONGREGATION - Number of Giving Units (if known)		
SCHOOL/CHILD DEVELOPMENT CENTER - Number of Students Enrolled		
SCHOOL/CHILD DEVELOPMENT CENTER - Number of Teachers Employed		

REQUIRED DOCUMENTATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Most recent month's full bank statement
(ALL pages even if blank)
<small>*If your primary account with with LutheranFCU, we will obtain this for you.</small> | <input type="checkbox"/> Balance Sheet for Current Year: | <input type="checkbox"/> Balance Sheet for Previous Year: |
| | <input type="checkbox"/> Profit & Loss for Current Year: | <input type="checkbox"/> Profit & Loss for Previous Year: |

CONSENT TO CONTACT

By executing this Application, you agree we and/or our third-party providers, including debt collectors, agents, representatives, assigns and servicers (collectively, the "Messaging Parties") may contact you by email or telephone at any telephone number associated with your account. Furthermore, you agree to notify us of any change to the telephone number(s) and email to which you have provided to us.

SIGNATURES

Minimum 2 signers chosen from the LutheranFCU deposit account. Account Manager **MUST** be one of those signers.

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what the entity owes. If there are any important changes, you will notify us in writing immediately. You understand that the Credit Union will rely on the information in this application to make its decision. You agree that requested documentation that accompanies this application is complete and correct and that it's incorporated as part of this application. It is a crime to willfully and deliberately provide incomplete or incorrect information in this

application. The person(s) signing the application is/are indeed authorized to act on behalf of the borrower. Borrower further grants to Credit Union the right to share this information with third parties as reasonable in the normal course of doing commercial lending including sharing this information with a third party for purposes of underwriting the loan. By signing below or when any Cardholder listed above uses the card, you understand that either of those actions will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

By: _____ By: _____
TITLE: ACCOUNT MANAGER DATE

TITLE: SIGNER DATE

By: _____ By: _____
TITLE: SIGNER DATE

TITLE: SIGNER DATE