



CHURCH VISA APPLICATION

Please list the authorized users for the account:

	Last Name	First Name	Middle
1.			
2.			
3.			
4.			

Church Name _____ Fed Tax ID# _____

Address _____

City, State and Zip Code _____

Business Phone # _____ Email _____

	*Personal Cell	*Social Security #	Birth Date	Issue Visa y/n	Limit Request \$
Name 1.	_____	_____	_____	_____	_____
Name 2.	_____	_____	_____	_____	_____
Name 3.	_____	_____	_____	_____	_____
Name 4.	_____	_____	_____	_____	_____

* for security and fraud protection only

SIGNATURES REQUIRED

Name 1.	_____	Email	_____
Name 2.	_____	Email	_____
Name 3.	_____	Email	_____
Name 4.	_____	Email	_____

Year Church was incorporated - _____
 Present Membership- _____
 Average Attendance at Worship - _____
 Number of contributing families- _____
 Average monthly cash flow amount- _____

Visa Summary of Terms

Annual Percentage Rate for Purchases & Cash Advance	11.90%
Grace Period for Repayment of Balance for Purchases	25 days
Late Payment Fee	\$20.00
Over the Limit Fee	None
Annual Fee	None
Cash Advance Fee	None
Minimum Finance Charge	None
Transaction Fee for purchases	None

Method of computing the balance for purchases is figured on the average daily balance, including new purchases

Please return with:

- Corporate Resolution
- Recent Financial Statement and current Annual Report
- Photo ID of each person signing

TO:

CommonRoots Federal Credit Union
 P.O. Box 2088
 Cranberry Township, PA 16066
 Fax 724-776-1377

Revised: 3/2025