



.Business Rewards Visa Card

These cards encourage wise stewardship and do not promote indebtedness.

Complete and fax to 909.592.9213 or mail to Christian Community Credit Union, P.O. Box 9001, San Dimas, CA 91773. For questions, call 888.MAF.0044 (623-0044), ext. 6216, or email ministry@myCCCU.com.



The Cards that Give to Global Mission

Christian Community Credit Union gives to IM or MAF:

- Donation for every purchase
- \$50 donation upon card approval
- No Annual Fee

- Variable 12.40% APR
- Earns Rewards*
- Redeem points for **airfare, merchandise, gift cards, and more**

*See page five for terms, disclosures and benefits.

Choose Your Card: **International Ministries (IM) Card:** Helps IM recruit & train global workers! **Mission Aviation Fellowship (MAF) Card:** Supports MAF's missionaries!

1. Eligibility

Notice to New Applicant:

The following applies if you are not already a member of Christian Community Credit Union:

Church/Ministry Accounts:

Membership is granted to Christian organizations who are directly involved in ministry. Qualifying organizations generally include Bible-teaching churches, Christian schools and other Christian ministries (i.e. missionary and relief organizations). Member organizations are approved by the Credit Union's Board of Directors to be included in our common bond field of membership. Please provide a copy of your organization's statement of faith.

Business Accounts:

Membership is granted to businesses whose owners/shareholders are currently members of Christian Community Credit Union.

We are a member of Christian Community Credit Union. Account Number:

2. Church/Ministry/Business Information

CHURCH/MINISTRY/BUSINESS NAME AS YOU WOULD LIKE IT TO APPEAR ON THE CARD (limited to 21 characters including spaces)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LEGAL NAME OF CHURCH/MINISTRY/BUSINESS

EMPLOYER ID NUMBER OR TAX ID NUMBER
-

DBA if any

STREET ADDRESS (No P.O. Box please)

CITY

STATE

ZIP

MAILING ADDRESS (If different from above)

CITY

STATE

ZIP

PHONE

FAX

WEBSITE

PASTOR/PRESIDENT/CEO

YEAR BEGAN

CHURCHES PLEASE COMPLETE THIS SECTION

RESIDENT CHURCH MEMBERSHIP:

AVERAGE ATTENDANCE AM WORSHIP SERVICE:

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation (Non-Profit) | <input type="checkbox"/> Corporation (For-Profit) | <input type="checkbox"/> Unincorporated Association (Non-profit) |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Unincorporated Association (For-profit) | | |

3. Contact Person

CONTACT NAME

POSITION/TITLE

CONTACT PHONE

E-MAIL ADDRESS

4. Tax I.D. Number Verification

Certification: Under penalties of perjury, we certify that (1) the number shown on this form is our correct Taxpayer Identification Number, and (2) We are not subject to backup withholding because (a) We are exempt from backup withholding or (b) We have not been notified by the Internal Revenue Service (IRS) that we are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified us that we are no longer subject to backup withholding. We must cross out items (2) above if we have been notified by the IRS that we are currently subject to backup withholding because of underreporting interest or dividends on our tax return.

SIGNATURE FOR CERTIFICATION OF TAX ID NUMBER

PRINTED NAME

POSITION/TITLE

DATE

X

5. Financial Information

AMOUNT OF CREDIT LIMIT REQUESTED \$	CHURCH/MINISTRY: If the requested credit limit is over \$10,000, submit copies of the current year-to-date and the past two years of financial statements. BUSINESS: If the requested credit limit is over \$10,000, submit copies of the current year-to-date financial statements, the past two years of financial statements, and the past two years of tax returns.
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>> INCOME STATEMENT SUMMARY

	CURRENT YEAR-TO-DATE (Up to and including last 30 days)	PREVIOUS FISCAL YEARS	PREVIOUS TWO FISCAL YEARS
DATE	/ /	/ /	/ /
ANNUAL INCOME (All sources)	\$	\$	\$
ANNUAL EXPENSES	\$	\$	\$
NET GAIN OR LOSS (Please attach a statement explaining any substantial loss)	\$	\$	\$

>> DEPOSITS

NAME OF FINANCIAL INSTITUTION (1)	TYPE OF ACCOUNT	INTEREST RATE	MATURITY DATE if any	CURRENT BALANCE
				\$
NAME OF FINANCIAL INSTITUTION (2)	TYPE OF ACCOUNT	INTEREST RATE	MATURITY DATE if any	CURRENT BALANCE
				\$
NAME OF FINANCIAL INSTITUTION (3)	TYPE OF ACCOUNT	INTEREST RATE	MATURITY DATE if any	CURRENT BALANCE
				\$
NAME OF FINANCIAL INSTITUTION (4)	TYPE OF ACCOUNT	INTEREST RATE	MATURITY DATE if any	CURRENT BALANCE
				\$
NAME OF FINANCIAL INSTITUTION (5)	TYPE OF ACCOUNT	INTEREST RATE	MATURITY DATE if any	CURRENT BALANCE
				\$
NAME OF FINANCIAL INSTITUTION (6)	TYPE OF ACCOUNT	INTEREST RATE	MATURITY DATE if any	CURRENT BALANCE
				\$

>> SCHEDULE OF OUTSTANDING LOANS/LEASES

CREDITOR (1) NAME AND ADDRESS	TYPE OF LOAN	MONTHLY PAYMENT	INTEREST RATE	ORIGINAL AMOUNT	CURRENT BALANCE
				\$	\$
CREDITOR (2) NAME AND ADDRESS	TYPE OF LOAN	MONTHLY PAYMENT	INTEREST RATE	ORIGINAL AMOUNT	CURRENT BALANCE
				\$	\$
CREDITOR (3) NAME AND ADDRESS	TYPE OF LOAN	MONTHLY PAYMENT	INTEREST RATE	ORIGINAL AMOUNT	CURRENT BALANCE
				\$	\$
CREDITOR (4) NAME AND ADDRESS	TYPE OF LOAN	MONTHLY PAYMENT	INTEREST RATE	ORIGINAL AMOUNT	CURRENT BALANCE
				\$	\$
CREDITOR (5) NAME AND ADDRESS	TYPE OF LOAN	MONTHLY PAYMENT	INTEREST RATE	ORIGINAL AMOUNT	CURRENT BALANCE
				\$	\$

6. Designated Cardholders

Please provide the name(s) of the authorized cardholder(s). Each Credit Card will include the individual name and the Church/Ministry/Business name. Each separate account must have a designated credit limit. The combined limit for all cards cannot exceed the total credit limit. Attach a separate sheet if more accounts are needed.

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means to you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

>> CARDHOLDER INFORMATION (Names on cards are limited to 19 characters including spaces.)

CARDHOLDER (1) PRINTED NAME		MOTHER'S MAIDEN NAME	HOME ADDRESS		
BIRTH DATE	SOCIAL SECURITY #	DRIVER'S LICENSE	STATE	HOME PHONE NUMBER	CREDIT LIMIT
					\$
CARDHOLDER (2) PRINTED NAME		MOTHER'S MAIDEN NAME	HOME ADDRESS		
BIRTH DATE	SOCIAL SECURITY #	DRIVER'S LICENSE	STATE	HOME PHONE NUMBER	CREDIT LIMIT
					\$
CARDHOLDER (3) PRINTED NAME		MOTHER'S MAIDEN NAME	HOME ADDRESS		
BIRTH DATE	SOCIAL SECURITY #	DRIVER'S LICENSE	STATE	HOME PHONE NUMBER	CREDIT LIMIT
					\$
CARDHOLDER (4) PRINTED NAME		MOTHER'S MAIDEN NAME	HOME ADDRESS		
BIRTH DATE	SOCIAL SECURITY #	DRIVER'S LICENSE	STATE	HOME PHONE NUMBER	CREDIT LIMIT
					\$
CARDHOLDER (5) PRINTED NAME		MOTHER'S MAIDEN NAME	HOME ADDRESS		
BIRTH DATE	SOCIAL SECURITY #	DRIVER'S LICENSE	STATE	HOME PHONE NUMBER	CREDIT LIMIT
					\$
CARDHOLDER (6) PRINTED NAME		MOTHER'S MAIDEN NAME	HOME ADDRESS		
BIRTH DATE	SOCIAL SECURITY #	DRIVER'S LICENSE	STATE	HOME PHONE NUMBER	CREDIT LIMIT
					\$

7. Automatic Payment Option

 Total Amount Due (Recommended)

 Minimum Payment Due

AUTOMATIC CREDIT CARD PAYMENT AGREEMENT

By selecting the automatic payment option, we authorize Christian Community Credit Union to debit the checking account for the credit card(s). We understand that the payment will be deducted approximately 25 days after the closing date of the statement. We understand and agree that in order for Christian Community Credit Union to make any payment requested in this agreement, we must have the payment amount available in the account, or the account may be assessed a fee. If insufficient funds occur three times, the automatic transfer will be automatically revoked. We further understand and agree that Christian Community Credit Union shall not be responsible for any act or failure to act, except in the case of gross negligence or willful misconduct. Furthermore, I agree to hold Christian Community Credit Union harmless from any claims, liabilities, attorneys' fees and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under this agreement.

NAME OF FINANCIAL INSTITUTION

ROUTING NUMBER (MUST BE 9 DIGITS)

ACCOUNT NUMBER

8. Authorization and Acknowledgement of Agreement

CREDIT CARD AGREEMENT: By authorized corporate signatures, we acknowledge that we will be bound by all the terms and conditions of the credit card agreement which will be provided later with or before issuance of cards. If upon receipt and review of said credit card agreement, we do not agree to be so bound, upon receipt of any credit card issued pursuant to this application, we will render same unusable by cutting it in half and will return it to the Credit Union with notice of our intention. We also warrant the accuracy and completeness of information we have supplied herein, acknowledge that Christian Community Credit Union will rely on same in determining to extend credit, authorize Christian Community Credit Union to verify said information by any means, and to report performance under this account to any credit reporting agency. This application is to be submitted with all financial and statistical information requested by Christian Community Credit Union. The authorized corporate officers signed below hereby certify that all information provided in connection with this application is accurate and complete.

AUTHORIZING OFFICER SIGNATURE (PER RESOLUTION)

PRINTED NAME

POSITION/TITLE

DATE

X

AUTHORIZING OFFICER SIGNATURE (PER RESOLUTION)

PRINTED NAME

POSITION/TITLE

DATE

X

APPROVED (AS REQUESTED)

APPROVED (MODIFIED TO)

BY: LOAN OFFICER

DATE

Credit Union Use Only

LOAN OFFICER

LOAN COMMITTEE

BY: LOAN OFFICER

DATE

9. Corporate Resolution Complete this section if your organization is incorporated

THIS RESOLUTION FORM MUST BE COMPLETED AND SIGNED ACCORDINGLY

I, _____, Secretary of _____ Corporation, do hereby certify that said Corporation is duly organized and existing under the laws of the State of _____; that all franchise and other taxes required to maintain its corporate existence have been paid when due, and that no such taxes are delinquent; that no proceedings are pending for forfeiture of its Charter or for its dissolution voluntarily or involuntarily; that it is duly qualified to do business in that State and is in good standing in that State; that it is duly qualified to do business in all states wherein the character of the property owned by it or the nature of the business transacted by it makes qualification as a foreign corporation necessary; that there is no provision of the Charter or Bylaws of said Corporation limiting the power of the Board of Directors to pass the resolutions set out below, and that the same are in conformity with the provisions of said Charter and Bylaws; that I am the keeper of the records and minutes of the proceedings of the Board of Directors of said Corporation, and that on the _____ day of _____, 20_____, there was held a meeting of the Board of Directors of said Corporation, which was duly called and held in accordance with law, and in accordance with the Bylaws of the Corporation, and at which meeting a quorum of the directors was present, and that at said meeting the following resolution was duly and legally passed and adopted, and that the same has not been altered, amended, rescinded or repealed, and is now in full force and effect:

"BE IT RESOLVED by the Board of Directors of this Corporation that this Corporation does borrow from Christian Community Credit Union from time to time, such sums of money as the hereinafter-named officers of this Corporation may decide are necessary, not to exceed \$_____, the aggregate at any one time."

"BE IT FURTHER RESOLVED, that any of the following officers of this Corporation, or their successors in office are hereby authorized, in the name of and as the act of this Corporation, to:

1. Borrow, from time to time, such sums of money in the name of and as the act of this Corporation from Christian Community Credit Union at such rate of interest, and at such maturity dates, and on such terms as may be agreed upon between said officers and said Credit Union, and to make, execute, and deliver to said Credit Union notes, drafts, acceptances, agreements, and any other obligations of this Corporation there for in such amount, in such form, and upon such terms as may be agreed upon between said officers and said Credit Union.
2. Mortgage, pledge, assign, or hypothecate and deliver to said Credit Union, upon such terms as said Credit Union may require, as security for money borrowed or credit obtained by this Corporation, any of the real estate, bills receivable, stocks, bonds, accounts, mortgages, merchandise bills of lading, warehouse receipts, insurance policies, certificates, and any other property held by or belonging to the Corporation, with full authority to endorse, assign, or guaranty the same in the name of this Corporation.
3. Discount, rediscount, or sell to said Credit Union any bills receivable or any paper held by the Corporation, and to endorse the same in the name of this Corporation.
4. Withdraw from said Credit Union and give receipts for, to authorize said Credit Union to deliver to bearer or to one or more designated persons, all or any documents, securities, or other property held by it, whether held as collateral security or for safekeeping, or for any other purposes.
5. Authorize said Credit Union to purchase or sell for account of this Corporation stocks, bonds, and other securities.
6. Renew and extend any loan or loans from time to time, and to execute and deliver notes, bonds, or other obligations of this Corporation therefore, and execute such agreements and instruments of extension as said Credit Union may require.
7. Make application for and obtain Letters of Credit from said Credit Union, and in connection therewith to execute and deliver to said Credit Union any and all instruments that said Credit Union may require.
8. Execute and deliver to said Credit Union all instruments required by said Credit Union in connection with any of the foregoing matters, and affix thereto the seal of this Corporation *.

"BE IT FURTHER RESOLVED that all acts of the below-named officers pursuant to this resolution are in all things authorized and made acts of this Corporation".

"BE IT FURTHER RESOLVED that this resolution, and the authority hereby vested in said named officers, shall continue to be in full force and effect until altered, rescinded, amended, repealed, or changed by subsequent action of the Board of Directors of this Corporation, and until notice thereof in writing is given to said Christian Community Credit Union".

I further certify that the following persons are the officers of this Corporation who are authorized to act and sign in the foregoing resolution, and that the signatures below are the true signatures of such officers. Please provide signatures from any two authorized officers as well as the signature from the corporate secretary. **MINIMUM OF THREE SIGNATURES REQUIRED**

AUTHORIZING OFFICER SIGNATURE (REQUIRED)	PRINTED NAME	POSITION/TITLE	DATE
X			
X			
X			
X			

IN WITNESS WHERE OF, I have hereunto affixed my name as Secretary and have caused the corporate Seal of said Corporation to be hereto affixed this _____ day of _____, 20_____

SECRETARY SIGNATURE (REQUIRED)

X

Credit Card Agreement: By our signatures we acknowledge that we will be bound by all the terms and conditions of the credit card agreement which will be provided later with or before issuance of cards. If upon receipt and review of said credit card agreement, we do not agree to be so bound upon receipt of any credit card issued pursuant to this application, we will render same unusable by cutting in half and will return it to the Credit Union with notice of my intention. We also warrant the accuracy and completeness of information we have supplied herein, acknowledge that the Credit Union will rely on same in determining to extend credit, authorize the Credit Union to verify said information by any means, and report performance under this account to any credit reporting agency.

IMPRINT SEAL HERE (IF NO SEAL, PLEASE SO STATE)

10. Instructions For Meeting Minutes

Send back the completed application with a SIGNED COPY of the official minutes of the meeting where the board/committee approval was obtained. The minutes must include the following items:

- Certification that the necessary quorum requirements were met
- A clear resolution stating the maximum amount of credit to be approved
- Voting results
- The signature of the official secretary

11. How did you hear about Christian Community Credit Union?

- | | | | | | | |
|---------------------------------|---------------------------------|-------------------------------|-----------------------------------|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Work | <input type="checkbox"/> Magazine | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Newsletter | <input type="checkbox"/> eMail |
| <input type="checkbox"/> Church | <input type="checkbox"/> School | <input type="checkbox"/> Mail | <input type="checkbox"/> Radio | <input type="checkbox"/> Event/Presentation | <input type="checkbox"/> Online | <input type="checkbox"/> Other |



To date, Christian Community Credit Union has given over \$4.9 million to mission projects through the credit card program.

- Gives to Mission and Ministry Projects
- Earns Rewards*
- No Annual Fee

Comprehensive Package of Benefits:

- Auto Rental Collision Damage Waiver
- Business Hotel Savings
- Cardholder Inquiry Service
- Consolidated Billing Statement
- Corporate Liability Waiver Program
- Emergency Card/Cash Disbursement
- Lost Luggage Reimbursement
- Lost/Stolen Card Reporting
- Online Statements
- \$500,000 Travel Accident Insurance
- Purchase Security/Extended Protection
- Roadside Dispatch
- Travel & Emergency Assistance Services
- Worldwide Acceptance

***Rewards:** Points earned will be credited to your account each month, will accrue over five calendar years and expire on a first-in-first-out basis annually. Points earned in calendar year one will expire as of the last day of calendar year five.

Interest Rates and Charges

As required by law, rates, fees, and other costs of this credit card offer are disclosed here. All account terms are governed by the Credit Card Agreement. Account and Agreement terms are not guaranteed for any period of time; all terms, including the APRs and fees, may change in accordance with the agreement and applicable law.

INTEREST RATES AND FEES UNDER THIS CREDIT CARD ACCOUNT

APR for Purchases	Variable 12.40% APR . Your APR will vary with the market based on the Prime Rate.
APR for Cash Advance	APR: 12.40% Your APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Purchases	In order to avoid a finance charge on purchases made since your last statement date, you must pay the total new balance shown on your statement within 25 days of the statement closing date. Cash advances are always subject to a finance charge from the date they are posted to your account.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.00 .

FEES

Annual Fee	None
Membership Fee	None
Transaction Fees Cash Advance Foreign Transaction	2% of the amount advanced with a \$5.00 minimum. 1% of transaction amount.
Penalty Fees Late Payment Returned Payment	Up to \$15.00 when minimum monthly payment is not received by 15 days after due date. Up to \$25.00 .
Express Card/PIN Order	\$40.00 for express delivery of card or personal identification number (PIN).

How we calculate your balance: We use a method called "average daily balance" (including new purchases). See your account agreement for details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement. Information current as of 11/29/19 and is subject to change.

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by any person opening a new account (membership account, deposit account, or loan account) on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

What information do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity's beneficial owner(s), including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form. A Beneficial Owner is an individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Person opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

BENEFICIAL CONTROL

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth <small>(MM/DD/YYYY)</small>
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		26a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: _____

Date: _____

(MM/DD/YYYY)

CU-M-CDD-0518