

PLACE
POSTAGE
HERE

x _____ Date
 x _____ Member's Signature
 x _____ Joint Applicant's Signature

(Please enclose additional sheets if necessary)
 I have enclosed any payment stub(s) required and return envelope. I understand that Family First Credit Union is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not pay off the total balance due. I further understand that if there is an insufficient limit on my FFCU Visa account that you (FFCU) will pay off my balances in the order listed and return any accounts that cannot be paid in full.
Please Note: It is your responsibility to verify that the credit/charge cards are paid in full.
 *Balance transfers will be treated as cash advances. Transfers may take about 4 weeks to complete. Please continue to make payments on these credit cards until the credit union notifies you that the balances have been transferred. The credit union is not responsible for any remaining balance(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your account credit line. The credit union reserves the right to refuse any balance transfer requests.

City _____ State _____ Zip _____

Address _____

Account # _____ Amount to be paid _____

2. Name of Card Issuer _____

City _____ State _____ Zip _____

Address _____

Account # _____ Amount to be paid _____

1. Name of Card Issuer _____

FFCU Account # _____

I hereby authorize FFCU to pay off the balance(s) due and close the account(s) of the following credit card(s) by means of a CASH ADVANCE charged to my FFCU Visa.

Name _____

If you wish Family First Credit Union (FFCU) to pay off an existing balance(s) on a credit/charge card(s) other than FFCU credit/charge card(s), please fill out the following information.

Balance Transfer Form *



CREDIT DISCLOSURES	
ANNUAL PERCENTAGE RATE (APR) FOR PURCHASES	8.9%
OTHER APRs	
Cash Advances APR: 8.9%	
MINIMUM FINANCE CHARGE	ANNUAL MEMBERSHIP FEE
NONE	NONE
GRACE PERIOD FOR REPAYMENT OF THE BALANCE FOR PURCHASES	
	25 Days
LATE PAYMENT FEE	OVER THE LIMIT FEE
\$10.00	\$10.00
METHOD OF COMPUTING THE BALANCE FOR PURCHASES	
Average Daily Balance including new purchases	

This information was printed on June 24, 2003, and was accurate as of that date. This information is subject to change after it was printed. You should contact us for any change in this information since it was printed. You may write us at 1011 N. Michigan, Saginaw, MI 48602 for this purpose.



*It's Everywhere
 You Want To Be®*

Take charge with VISA from Family First Credit Union

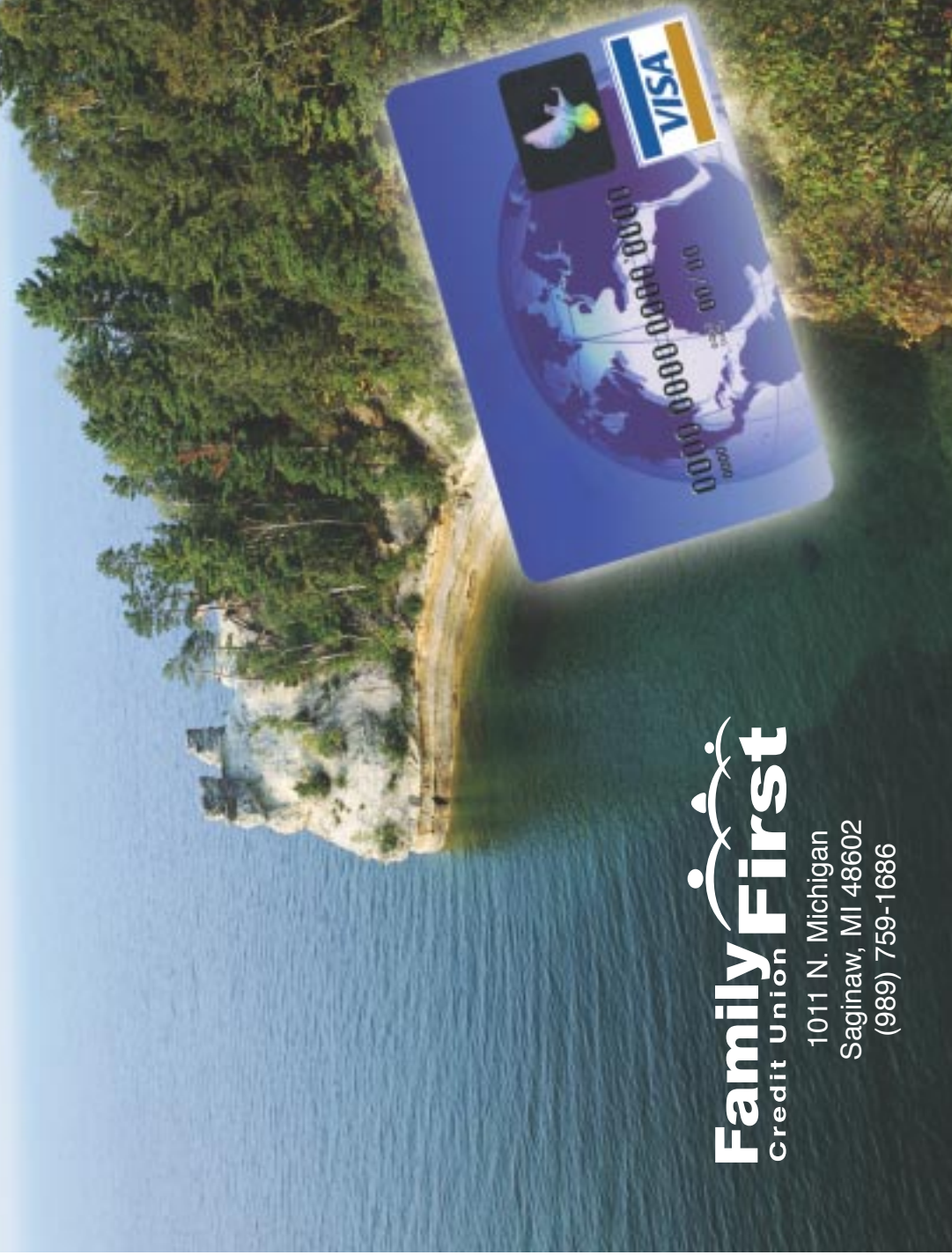
We offer a better credit card because our VISA saves you money. Here's how:

- ▶ **No Annual Fee**
- ▶ **8.9% Fixed APR**
- ▶ **25 Day Grace Period, on Purchases**
- ▶ **No Transaction Fees**

With a Family First Credit Union VISA, you can make purchases and cash advances at more than 3 million retail and financial establishments worldwide.

So TAKE CHARGE of your credit cards by switching to your credit union - where low rates and no annual fee mean savings to you.

FAMILY FIRST CREDIT UNION
 1011 N. MICHIGAN AVENUE
 SAGINAW, MI 48602



1011 N. Michigan
 Saginaw, MI 48602
 (989) 759-1686

FAMILY FIRST CREDIT UNION CREDIT CARD AGREEMENT AND DISCLOSURES

In this Agreement the words "you" and "your" mean each and all of those who agree to be bound by this Agreement; "Card" means a VISA credit card and any duplicates, renewals, or substitutions the Credit Union issues to you; "Account" means your VISA credit card line of credit account with the Credit Union, and "Credit Union" means the Credit Union whose name appears on this Agreement or anyone to whom the Credit Union transfers this Agreement.

1. Using Your Account. If you are approved for an Account, the Credit Union will establish a line of credit for you and notify you of your credit limit. You agree that your credit limit is the maximum amount (purchases, cash advances, finance charges, plus "other charges") that you will have outstanding on your Account at any time. Each payment you make to your Account will restore your credit limit by the amount of the payment, unless you are over your credit limit. If you are over your credit limit, you must pay the amount you are over before payments will begin to restore your credit limit. You may request an increase in your credit limit only by a method acceptable to the Credit Union. The Credit Union has the right to reduce your credit limit, refuse to make an advance and/or terminate your Account at any time for any reason not prohibited by law.

2. Using the VISA Card. You may use your Card to make purchases from merchants and others who accept VISA Cards. In addition, you may obtain cash advances from the Credit Union and from other financial institutions that accept VISA Cards, and from some automated teller machines (ATMs), such as the VISA ATM Network, that accept VISA Cards. (Not all ATMs accept VISA Cards.) To obtain cash advances from an ATM, you must use the Personal Identification Number (PIN) that is issued to you for use with your card. You agree not to make or permit to be made any illegal transactions on your Account through the use of a Card, a Check or in any other manner. We may deny authorization for any internet gambling transactions.

3. Responsibility. You agree to pay all charges (purchases and cash advances) to your Account that are made by you or anyone whom you authorize to use your Account. You agree not to authorize anyone to use your Account without the prior written consent of the Credit Union. You also agree to pay all finance charges and other charges added to your Account under the terms of this Agreement or another agreement you made with the Credit Union. If this is a joint Account, Section 17 also applies to your Account.

4. Default. You will be in default if you fail to make any minimum payment or other required payment by the date that it is due. You will be in default if you break any promise you make under this Agreement. You will be in default if you die, file for bankruptcy or become insolvent, that is unable to pay your obligations when they become due. You will be in default if you make any false or misleading statements in any credit application or credit update. You will also be in default if something happens that the Credit Union believes may substantially reduce your ability to repay what you owe.

When you are in default, the Credit Union has the right to demand immediate payment of your full Account balance without giving you notice. If immediate payment is demanded, you agree to continue paying finance charge, at the periodic rate charged before default, until what you owe has been paid, and any shares that were given as security for your Account may be applied towards what you owe.

5. Liability for Unauthorized Use-Lost/Stolen Card Notification. You may be liable for the unauthorized use of your Card. You will not be liable for unauthorized use that occurs after you notify the Credit Union, orally or in writing, of the loss, theft, or possible unauthorized use. In any case, your liability will not exceed \$50. You can notify the Credit Union by calling (800) 828-3901, or writing to P.O. Box 8054, Plymouth, Michigan 48170-8054.

6. Security Interest: As a condition of us granting you credit under this Agreement you hereby agree to grant us a security interest in all present and future shares and deposits with Credit Union except Individual Retirement Accounts and other accounts which provide tax benefits under federal or state law to secure this VISA account. Upon default under this Agreement you agree that we may apply all of your shares and deposits subject to this security interest to pay amounts due on the account under this Agreement. You also agree to grant us a security interest in collateral (other than real estate or your residence) securing other loans to secure credit under this Agreement.

7. Finance Charges. A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date.

The Finance Charge for a VISA billing cycle is computed by applying the Monthly Periodic Rate of .7416% which is an ANNUAL PERCENTAGE RATE of 8.9% to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges.

A Finance Charge will be imposed on Cash Advances from the date of the Cash Advance or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will otherwise be calculated in the same manner as explained above for Credit Purchases.

8. Payments. Each month you must pay at least the minimum payment shown on your statement by the date specified on the statement or no later than 25 days from the statement closing date, whichever is later. If your statement says the payment is "Now Due," your payment is due no later than 25 days from the statement closing date. You may pay more frequently, pay more than the minimum payment or pay the Total New Balance in full. If you make extra payments or larger payments, you are still required to make at least the minimum payment each month your Account has a balance (other than a credit balance). The minimum payment is 3% of your Total New Balance, but not less than \$15.00, plus the amount of any prior minimum payments that you have not made, and any amount you are over your credit limit. The Credit Union also has the right to demand immediate payment of any amount by which you are over your credit limit.**9. Payment Allocation.** Subject to applicable law, your payments may be applied to what you owe the Credit Union in any manner the Credit Union chooses.

10. Other Charges. The following other charges (fees) will be added to your Account, as applicable: **Over Limit Fee:** You may be charged a fee of \$10.00 on a statement date if your New Balance on that date is over your credit limit. You will be charged the fee each subsequent month until your New Balance on the statement date is BELOW your credit limit. **Late Fee:** A late charge of \$10.00 will be added to your account if you are 25 days past due making a payment. **Card Replacement Fee:** You will be charged \$10.00 for each replacement card that is issued to you for any reason other than expiration of a current card. **Document Copy Fee:** You will be charged \$1.00 for each copy of a sales draft or statement that you request unless such a request is made in connection with a billing error. **Non-Sufficient Funds Check Fee:** If any check or share draft used to make a payment on your account is returned for non-sufficient funds, you will be charged a fee of \$15.00 for each such returned check or share draft. **Collection Fees:** To the extent permitted by law, you will also be required to pay the credit union's collection expenses, including court costs and reasonable attorney's fees.

11. Changing or Terminating Your Account. The Credit Union may change the terms of this Agreement from time to time. Notice of any change will be given in accordance with applicable law. Use of your Card after receiving notice of a change will indicate your agreement to the change.

If permitted by law and specified in the notice to you, the change will apply to your existing Account Balance as well as to future transactions.

Either you or the Credit Union may terminate this agreement at any time, but termination by you or the Credit Union will not affect your obligation to pay the Account balance plus any finance and other charges you owe under this Agreement. You are also responsible for all transactions made to your Account after termination, unless the transactions were

unauthorized.

The Card or Cards you receive remain the property of the Credit Union and you must recover and surrender to the Credit Union all Cards upon request or upon termination of this Agreement whether by you or the Credit Union. The credit Union has the right to require you to pay your full Account balance at any time after your Account is terminated, whether it is terminated by you or the Credit Union. If this is a joint Account, Section 17 of this Agreement also applies to termination of the Account.

12. Credit Information. You authorize the Credit Union to investigate your credit standing when opening or reviewing your Account. You authorize the Credit Union to disclose information regarding your Account to credit bureaus and creditors who inquire about your credit standing.

13. Returns and Adjustments. Merchants and others who honor your Card may give credit for returns or adjustments, and they will do so by sending the Credit Union a credit slip which will be posted to your Account. If your credits and payments exceed what you owe the Credit Union, the amount will be applied against future purchases and cash advances. If the credit balance amount is \$1 or more, it will be refunded upon your written request or automatically after six months.

14. Additional Benefits/Card Enhancements. The Credit Union may from time to time offer additional services to your Account, such as travel accident insurance, at no additional cost to you. You understand that the Credit Union is not obligated to offer such services and may withdraw or change them at any time.

15. Foreign Transactions. Purchases and cash advances made in foreign countries and foreign currencies will be billed to you in U.S. dollars. The conversion rate to U.S. dollars will be determined in accordance with the operating regulations established by VISA U.S.A. Currently the currency conversion rate used to determine the transaction amount in U.S. dollars is either a government-mandated rate or the wholesale market rate in effect one day prior to the transaction processing date, increased by one-percent. The currency conversion rate used on the processing date may differ from the rate that would have been used on the purchase date or cardholder statement posting date.

16. Merchant Disputes. The Credit Union is not responsible for the refusal of any merchant or financial institution to honor your Card. The Credit Union is subject to claims and defenses (other than tort claims) arising out of goods or services you purchase with the Card if you have made a good faith attempt but have been unable to obtain satisfaction from the merchant or service provider (unless a local law states that you do not have to make such an attempt), and (a) your purchase was made in response to an advertisement the Credit Union sent or participated in sending to you; or (b) your purchase cost more than \$50 and was made in your state or within 100 miles of your home.

17. Joint Accounts. If this is a joint Account, each person on the Account must sign the Agreement. Each of you will be individually and jointly responsible for paying all amounts owed under this Agreement. This means that the Credit Union can require any one of you individually to repay the entire amount owed under this Agreement. Each of you authorizes the other(s) to make purchases or cash advances individually. Any one of you may terminate the Account and the termination will be effective as to all of you.

18. Effect of Agreement. This Agreement is the contract which applies to all transactions on your Account even though the sales, cash advances, credit or other slips you sign or receive may contain different terms.

19. No Waiver. The Credit Union can delay enforcing any of its rights any number of times without losing them.

20. Statement and Notices. Statements and notices will be mailed to you at the most recent address you have given the Credit Union. Notice sent to any one of you will be considered notice to all.

21. Copy Received. You acknowledge that you have received a copy of this Agreement.

22. Signatures. By signing in the Signature area of the application form that was attached to this agreement when you received it, you agree to the terms of this Agreement. You should detach this Agreement from the application and retain it for your records.

YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify Us in Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your credit card bill automatically from your savings or checking account, you can stop the payment on any amount you think is wrong. To stop the payment your letter must reach us three business days before the automatic payment is scheduled to occur.

Your Rights and Our Responsibilities After We Receive Your Written Notice

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

Special Rule for Credit Card Purchases

If you have a problem with the quality of property or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right:

- (a) You must have made the purchase in your home state, or if not within your home state within 100 miles of your current mailing address; and

APPLICATION Individual Account Joint Account *Member Share Account Number _____ *Requested Credit Limit _____

<i>If you are applying for credit in your name only, do not complete portion on co-applicant</i>				Check One <input type="checkbox"/> Co-Applicant (Joint) <input type="checkbox"/> Authorized Users	
APPLICANT NAME (LAST-FIRST-MIDDLE)				CO-APPLICANT NAME (LAST-FIRST-MIDDLE)	
HOME ADDRESS (STREET & NO.)		YEARS THERE?	HOME VALUE	HOME ADDRESS (STREET & NO.)	
CITY-STATE-ZIP		CITY-STATE-ZIP		YEARS THERE? HOME VALUE	
PREVIOUS HOME ADDRESS			HOW LONG?	PREVIOUS HOME ADDRESS	
HOME PHONE NO.			BIRTH DATE	NO. OF DEPENDENTS	AGES
HOME PHONE NO.		BIRTH DATE		RELATIONSHIP TO APPLICANT	
SOCIAL SECURITY NO.			DRIVERS LICENSE NO. AND STATE		
SOCIAL SECURITY NO.		DRIVERS LICENSE NO. AND STATE			
BUSINESS PHONE NO.	GROSS MONTHLY INCOME \$		HOURLY INCOME \$	BUSINESS PHONE NO.	GROSS MONTHLY INCOME \$
BUSINESS PHONE NO.	GROSS MONTHLY INCOME \$		HOURLY INCOME \$	BUSINESS PHONE NO.	GROSS MONTHLY INCOME \$
EMPLOYER		POSITION	HIRE DATE	EMPLOYER	
EMPLOYER		POSITION	HIRE DATE	EMPLOYER	
BUSINESS ADDRESS (CITY-STATE-ZIP)					
BUSINESS ADDRESS (CITY-STATE-ZIP)					
PREVIOUS EMPLOYER		POSITION	HOW LONG? (DATE)	PREVIOUS EMPLOYER	
PREVIOUS EMPLOYER		POSITION	HOW LONG?	PREVIOUS EMPLOYER	

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
Alimony, child support, separate maintenance received under: court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding <input type="checkbox"/> Other income: \$ _____ per _____. Source(s) of other income: _____	Alimony, child support, separate maintenance received under: court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding <input type="checkbox"/> Other income: \$ _____ per _____. Source(s) of other income: _____
Is any income listed in this Section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet.) <input type="checkbox"/> No	
Is any income listed in this Section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet.) <input type="checkbox"/> No	

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)					
MORTGAGEE OR LANDLORD		BALANCE DUE \$	MO. PMT./RENT \$	MORTGAGEE OR LANDLORD	
MORTGAGEE OR LANDLORD		BALANCE DUE \$	MO. PMT./RENT \$	MORTGAGEE OR LANDLORD	
NAME		MONTHLY PMT. \$	NAME	MONTHLY PMT. \$	
NAME		MONTHLY PMT. \$	NAME	MONTHLY PMT. \$	
NAME		MONTHLY PMT. \$	NAME	MONTHLY PMT. \$	
NAME		MONTHLY PMT. \$	NAME	MONTHLY PMT. \$	
NAME		MONTHLY PMT. \$	NAME	MONTHLY PMT. \$	
Other Obligations - (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)			\$ TOTAL		
Other Obligations - (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)			\$ TOTAL		
PRIMARY FINANCIAL INSTITUTION			PRIMARY FINANCIAL INSTITUTION		

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	ADDRESS (CITY-STATE-ZIP)		PHONE NUMBER
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	ADDRESS (CITY-STATE-ZIP)		PHONE NUMBER
Are you a co-borrower, co-signer, endorser, or guarantor on any loan or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "yes" for whom?		To whom?
Are there any unsatisfied judgements against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount \$		If "yes" to whom owed?
Have you ever had a car or other personal property repossessed by a creditor, filed for bankruptcy, or been a party to a wage assignment or collection suit, or have you ever been denied a loan with this credit union? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer to any part of the question is yes, please give details.					
COMPLETE THE FOLLOWING ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON OR WISCONSIN); OR IF ANOTHER PERSON WILL BE JOINTLY LIABLE ON THE ACCOUNT. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried					

Security Interest			
By signing below, you pledge to and grant to us a security interest as provided in the Credit Card Agreement and Disclosure in present or future shares and deposits with the credit union to secure your VISA account. This security interest is a condition of us granting you credit. If you should default, you authorize us to apply your shares and deposits to pay any amounts due on the account or under this agreement. In addition, you grant us a security interest in collateral securing other loans as provided in the Credit Card Agreement and Disclosure to secure credit extended under this agreement.			
This statement is submitted to obtain credit and I (We) certify that all information herein is true and complete. I (We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. If this application is approved and a VISA card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the VISA card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the VISA card(s) and all amendments. My (our) signature(s) represent(s) acknowledgement of receipt and agreement to the terms and conditions of the VISA Credit Card Agreement and Disclosures.			
APPLICANT'S SIGNATURE		DATE	CO-APPLICANT'S SIGNATURE
X			X

FOR CREDIT UNION USE ONLY		APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>
MEMBER CREDIT UNION ACCOUNT NO. _____		CREDIT LIMIT \$ _____	CREDIT COMMITTEE OR LOAN OFFICER _____
VISA ACCOUNT NO. _____		DATE _____	

Please include proof of income.