



# Credit Card Application

A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, call us toll free at \_\_\_\_\_.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

- Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
  - you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI);
  - your spouse will use the account, or
  - you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
- Joint Credit:** Each Applicant must **individually** complete appropriate section below. If Co-Borrower is spouse of the applicant, mark the Co-Applicant box.

**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.  Credit Limit Requested \$ \_\_\_\_\_

APPLICANT		
NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER/STATE	EMAIL ADDRESS	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE
\$	\$	%
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		

OTHER			<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR
NAME (Last - First - Initial)			
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER/STATE	EMAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
MORTGAGE/RENT OWED TO:			
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE	
\$	\$	%	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			

EMPLOYMENT/INCOME	START DATE
NAME AND ADDRESS OF EMPLOYER	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

EMPLOYMENT/INCOME	START DATE
NAME AND ADDRESS OF EMPLOYER	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

**STATE LAW NOTICES**  
**OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

**X**  
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

### SIGNATURES

1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

**X** (SEAL)  
APPLICANT'S SIGNATURE DATE

**X** (SEAL)  
OTHER SIGNATURE DATE

CREDIT UNION USE ONLY			
<input type="checkbox"/> APPROVED	NO. OF CARDS _____	CREDIT LIMIT \$ _____	CREDIT CARD NUMBER _____
<input type="checkbox"/> DECLINED	CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____		



# OVER-THE-CREDIT LIMIT COVERAGE CONSENT

## YOUR RIGHT TO REQUEST OVER-THE-CREDIT LIMIT COVERAGE

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage.

If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of up to \$ \_\_\_\_\_.

You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.

Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit.

If you want over-the-credit coverage and allow us to authorize transactions that go over your credit limit, please:

- Call us at \_\_\_\_\_; or
- Check or initial the box below, and return the entire document to us at:

## CONSENT FORM FOR OVER-THE-CREDIT LIMIT TRANSACTIONS

### ADD COVERAGE

I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of up to \$ \_\_\_\_\_. I have the right to cancel this coverage at any time.

### REMOVE COVERAGE

I **do not** want over-the-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.

Name(s) on Account: \_\_\_\_\_

Member No: \_\_\_\_\_ Credit Card Account No: \_\_\_\_\_

## AUTHORIZATION

If there are multiple owners on the Credit Card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the over-the-credit limit coverage.

*By signing below, you agree to the terms of the over-the-credit limit coverage. If you selected "Add Coverage," you authorize the Credit Union to accept transactions that exceed your credit limit. You understand that if you go over your credit limit, you will be charged a fee. If you selected "Remove Coverage," you understand that the Credit Union may deny any credit card transactions that go over your credit limit. You further understand that this coverage will not go into affect or be removed, based on your selection above, until the Credit Union receives this Consent document from you.*

<b>X</b> _____	<b>X</b> _____
MEMBER/OWNER SIGNATURE	DATE
_____	_____
JOINT OWNER SIGNATURE	DATE

## CREDIT UNION COVERAGE ACKNOWLEDGMENT

SIGNATURE OF CREDIT UNION EMPLOYEE: <b>X</b> _____	EFFECTIVE DATE: _____	<input type="checkbox"/> Coverage added <input type="checkbox"/> Coverage removed
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**APPLICATION AND SOLICITATION DISCLOSURE**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>6.99% to 15.99%</b> when you open your account, based on your creditworthiness.
<b>APR for Balance Transfers</b>	<b>6.99% to 15.99%</b> when you open your account, based on your creditworthiness.
<b>APR for Cash Advances</b>	<b>6.99% to 15.99%</b> when you open your account, based on your creditworthiness.
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	<b>To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>.</b>
<b>Fees</b>	
<b>Transaction Fees</b> - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee	<b>None</b> <b>\$5.00</b> <b>None</b>
<b>Penalty Fees</b> - Late Payment Fee - Over-the-Credit Limit Fee - Returned Payment Fee	Up to <b>\$25.00</b> Up to <b>\$15.00</b> Up to <b>\$27.00</b>

**How We Will Calculate Your Balance.** We use a method called “average daily balance (excluding new purchases).”

**Effective Date.**

The information about the costs of the card described in this application is accurate as of April 1, 2014. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**OTHER DISCLOSURES**

Late Payment Fee	\$25.00 or the amount of the required minimum payment, whichever is less, if you are one (1) or more days late in making a payment.
Over-the-Credit Limit Fee	\$15.00 or the amount of the transaction exceeding your credit limit, whichever is less.
Returned Payment Fee	\$25.00 or the amount of the required minimum payment, whichever is less. In the event a payment is returned in the same or in any of the six (6) billing cycles following the initial violation, you will be charged \$27.00 or the amount of the required minimum payment, whichever is less.
Statement Copy Fee	\$5.00
Document Copy Fee	\$5.00
Card Replacement Fee	\$10.00
Pay-by-Phone Fee	\$10.00