



## 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, write to us at the address stated on this Application.

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	OTHER
<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR	
NAME (Last - First - Initial)	NAME (Last - First - Initial)
ACCOUNT NUMBER	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICENSE NUMBER/STATE
EMAIL ADDRESS	EMAIL ADDRESS
BIRTH DATE	BIRTH DATE
HOME PHONE	HOME PHONE
BUSINESS PHONE/EXT.	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	PRESENT ADDRESS (Street - City - State - Zip)
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
LENGTH AT RESIDENCE	LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO:	MORTGAGE/RENT OWED TO:
MORTGAGE BALANCE	MORTGAGE BALANCE
MONTHLY PAYMENT	MONTHLY PAYMENT
INTEREST RATE	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)	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	EMPLOYMENT/INCOME
START DATE	START DATE
NAME AND ADDRESS OF EMPLOYER	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.	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
EMPLOYMENT INCOME	EMPLOYMENT INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	<input type="checkbox"/> NET <input type="checkbox"/> GROSS
OTHER INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
SOURCE	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.

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

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.

**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

APPROVED NO. OF CARDS \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_

DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE \_\_\_\_\_



**APPLICATION AND SOLICITATION DISCLOSURE**

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>Visa Platinum</b>  <b>or</b> when you open your account, based on your creditworthiness. <b>Secured Visa Platinum</b>
<b>APR for Balance Transfers</b>	<b>Visa Platinum</b>  <b>or</b> when you open your account, based on your creditworthiness. <b>Secured Visa Platinum</b>
<b>APR for Cash Advances</b>	<b>Visa Platinum</b>  <b>or</b> when you open your account, based on your creditworthiness. <b>Secured Visa Platinum</b>
<b>Penalty APR and When it Applies</b>	
<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> - Foreign Transaction Fee	
<b>Penalty Fees</b> - Late Payment Fee - Returned Payment Fee	Up to Up to

**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 This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**OTHER DISCLOSURES**

Late Payment Fee	or the amount of the required minimum payment, whichever is less, if you are one (1) or more days late in making a payment.
Returned Payment Fee	or the amount of the required minimum payment, whichever is less.
Statement Copy Fee	
Document Copy Fee	
Emergency Card Replacement Fee	
PIN Replacement Fee	
Card Replacement Fee	
Account Research Fee	
Emergency Cash Fee	

**CREDIT INSURANCE**

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application"

section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road  
Madison, WI 53701-0391  
Phone: 800.356.2644

**CREDIT INSURANCE APPLICATION & SCHEDULE**

"You" or "Your" means the member and the joint insured (if applicable). A co-signor is not eligible for joint coverage.

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check "yes" below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for disability insurance only if you are

working for wages or profit for 25 hours a week or more on the initial loan date. If you are not, you will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work. Are you working for wages or profit for 25 hours a week or more?  
Borrower  Yes  No Co-Borrower  Yes  No

- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

**NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES		NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
DATE OF ISSUE OF THE CERTIFICATE	RATE OF INTEREST				INSURANCE MAXIMUMS	
	%				MONTHLY TOTAL DISABILITY BENEFIT	\$ N/A
GROUP POLICY NUMBER	ACCOUNT NUMBER				INSURABLE BALANCE PER LOAN ACCOUNT	\$ \$
					MAXIMUM AGE FOR INSURANCE	
MEMBER'S NAME AND ADDRESS					JOINT INSURED'S NAME AND ADDRESS	

CREDIT UNION'S NAME AND ADDRESS

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If you are totally disabled for more than \_\_\_\_\_ days, then the disability benefit will begin with the \_\_\_\_\_ day of disability.

SECONDARY BENEFICIARY (If you desire to name one)

SIGNATURE OF MEMBER (Be sure to check the boxes above.)      DATE SIGNED      MEMBER'S DATE OF BIRTH

SIGNATURE OF JOINT INSURED (CO-BORROWER)      DATE SIGNED      JOINT INSURED'S DATE OF BIRTH

APP. 835-0596IL/Rev.