

# Credit Card Application

**I am applying for . . . Card:**  Visa Platinum  Visa Platinum+Rewards  
**Ownership:**  Individual Account  Joint Account **Credit Line:** \$ \_\_\_\_\_  New Card  Credit Line Increase

## APPLICANT

Name: \_\_\_\_\_ Member #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Social Security #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Length at Current Address: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Own \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Live with Relatives \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Years There: \_\_\_\_\_  
If self-employed, send last year's tax form

Gross Monthly Salary: \$ \_\_\_\_\_ Position: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Previous Address or Employer: \_\_\_\_\_  
If less than two years at current address or employer

\*Other Gross Monthly Income: \$ \_\_\_\_\_ \*Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered a basis for repaying this obligation. Proof of income and salary may be required.

Nearest Living Relative (Not Living With You): \_\_\_\_\_  
Name Street Address State/Zip Phone Relationship

## CO-APPLICANT

Name: \_\_\_\_\_ Member #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Social Security #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Length at Current Address: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Own \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Live with Relatives \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Years There: \_\_\_\_\_  
If self-employed, send last year's tax form

Gross Monthly Salary: \$ \_\_\_\_\_ Position: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Previous Address or Employer: \_\_\_\_\_  
If less than two years at current address or employer

\*Other Gross Monthly Income: \$ \_\_\_\_\_ \*Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered a basis for repaying this obligation. Proof of income and salary may be required.

Nearest Living Relative (Not Living With You): \_\_\_\_\_  
Name Street Address State/Zip Phone Relationship

### Balance Transfer Option (Cash advance fees waived for qualified balance transfers)

Please transfer the balances below to my MHVFCU Visa Credit Card. (Please monitor your account since it may take a full billing cycle for processing.)

Exact Transfer Amount: \$ \_\_\_\_\_ Account Number (refer to your credit card): \_\_\_\_\_

Name & Address of Financial Institution: \_\_\_\_\_

Exact Transfer Amount: \$ \_\_\_\_\_ Account Number (refer to your credit card): \_\_\_\_\_

Name & Address of Financial Institution: \_\_\_\_\_

### Optional Credit Life and/or Credit Disability Insurance Application (complete and sign separate disclosure.)

I/we want Single/Joint Life Insurance on Applicant #1 and/or Applicant #2 named below, and agree to pay the cost. I/we understand that the rate is subject to change and that I/we must be less than age 70 to get insurance.

I, as primary borrower, want single disability insurance and agree to pay the cost. I understand the rate is not guaranteed and that I must be less than age 66 to get disability coverage.

I/we decline the insurance.

Signature of Applicant #1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Applicant #2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

By completing this form and submitting it, I/we agree to be bound by the Member Visa Agreement which you will send to me. If I/we do not agree to be bound by such agreement, I will immediately cut the card(s) in half and notify you in writing that I have done so, all before the first use of the card(s). I also understand that a credit report may be obtained from one or more consumer reporting agencies (credit bureaus) for approval of this request. By signing this agreement, I understand I/we am giving a security interest in my/our shares and/or deposits in the credit union. I/we have read and understand the disclosure on the bottom of this application.

Signature of Applicant #1: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_

*If this is a joint application, by signing below each applicant certifies his or her intent to apply for joint credit.*

Signature of Applicant #1: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_

| Card              | Annual Percentage Rate                                                                                                                         | Annual Fee | Method of Computing the Avg. Balance               | Grace Period for Repayment of Purchase Balance                                                                                                                                                    | Minimum Finance Charge | Transaction Fees                                                                                                                                                                                                       |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Visa Platinum     | Prime + 1.25% to Prime + 5.90%*<br><small>4.9% Fixed APR introductory rate for 6 months. (based on annual review of credit worthiness)</small> | None       | Average Daily Balance (including new transactions) | You have 25 days to repay your balance in full before being charged a finance charge for purchases or balance transfers. The grace period does not apply to cash advances and convenience checks. | \$0.50                 | Over Credit Limit Fee.....\$20<br>Cash Advance Transaction Fee**.....2% or \$2, whichever is greater, not to exceed \$20<br>Late Payment Fee***.....\$25<br>Stop Payment Fee.....\$21<br>Returned Payment Fee.....\$25 |
| Platinum+ Rewards |                                                                                                                                                | \$25       |                                                    |                                                                                                                                                                                                   |                        |                                                                                                                                                                                                                        |

\*Rate adjusts to highest Prime rate + 1.25% to 5.90% (based on annual review of credit worthiness) as printed in the Wall Street Journal on the 15th of March, June, September & December. \*\*Visa Platinum & Platinum+Rewards subject to 9% floor and 18% ceiling (based on credit worthiness), excluding introductory and promotional rates. Contact us at 800.451.8373 or online at MHVFCU.com for current rates. \*\*\*Visa Convenience Checks are considered a cash advance. \*\*\*A late fee is assessed 10 days after due date.