



640 E Gaines St, Tallahassee FL 32301 • (850) 414-4400 • Toll Free (877) 884-0112
224 SE Clements Place, Lake City, FL 32025 • (386) 961-7820

A table that includes required credit card disclosures is provided with this Application. To obtain any change in the required information since it was printed, call us toll-free at 877-884-0112.



Credit Card 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: (1) 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); (2) your spouse will use the account; or (3) 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 the 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)		ACCOUNT NUMBER	NAME (Last - First - Initial)		ACCOUNT NUMBER						
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER						
E-MAIL ADDRESS											
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.		BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.					
() ()		() ()		() ()		() ()					
PRESENT ADDRESS (Street - City - State - Zip)					<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
					YEARS AT THIS ADDRESS			YEARS AT THIS ADDRESS			
MORTGAGE/RENT OWED TO:											
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE		MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE					
\$	\$	%		\$	\$	%					
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:						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)						<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)					
Employment/Income					Employment/Income		START DATE				
NAME AND ADDRESS OF EMPLOYER						NAME AND ADDRESS OF EMPLOYER		START DATE			
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			OTHER INCOME			EMPLOYMENT INCOME			OTHER INCOME		
\$ _____ PER _____			\$ _____ PER _____			\$ _____ PER _____			\$ _____ PER _____		
<input type="checkbox"/> NET <input type="checkbox"/> GROSS			SOURCE			<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.

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

FOR CREDIT UNION USE ONLY APPROVED NO. OF CARDS _____ CREDIT LIMIT \$ _____ CREDIT CARD NUMBER _____
 DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____

I understand that I have the option of assigning any other policy or policies I own or may procure for the purpose of covering this loan and that credit insurance coverage need not be purchased from the credit union or anyone else in order to obtain the loan. I understand that credit insurance will stop when I reach the Maximum Age for Insurance and I acknowledge that my date of birth is stated correctly on the application. If I enrolled for credit life insurance coverage by telephone, I understand that I have 30 days from the date I receive this acknowledgement form to rescind the credit life insurance coverage. _____ INITIALS OF MEMBER _____ INITIALS OF JOINT INSURED

Credit Insurance Application/Schedule CUNA Mutual Insurance Society • Madison, WI 53701-0391 • Phone: 800/356-2644

“You” or “Your” means the member and the joint insured (if applicable). 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 the “yes” box 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 date of any advance.

If you are not, that particular advance 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.

- 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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$.149	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.064	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.112	

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability.

GROUP POLICY NUMBER 009-0627-2 ACCOUNT NUMBER	INSURANCE MAXIMUMS		DISABILITY	LIFE
		MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 850	N/A
	MAX. TOTAL DISABILITY BENEFIT PER LOAN	\$50,000	N/A	
	MAX. DISABILITY BENEFIT DURATION	60 Mos.	N/A	
SECONDARY BENEFICIARY (If you desire to name one)	MAX. AMOUNT OF LIFE INSURANCE PER MEMBER	N/A	\$50,000	
	MAX. AGE FOR INSURANCE	67	72	

DATE MEMBER'S DATE OF BIRTH DATE JOINT INSURED'S DATE OF BIRTH

X

SIGNATURE OF MEMBER
(Be sure to check one of the boxes above)
APP.825-1288 Rev/FL

X

SIGNATURE OF JOINT INSURED (CO-BORROWER)
(Only required if JOINT CREDIT LIFE coverage is selected)



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**VISA CLASSIC AND VISA PLATINUM
Application and Solicitation Disclosure**

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	Visa Classic 10.90% Visa Platinum 10.90%
APR for Cash Advances	Visa Classic 12.50% Visa Platinum 12.50%
APR for Balance Transfers	Visa Classic 12.50% Visa Platinum 12.50%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the Web site of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
Fees	
Transaction Fees - Cash Advance Fee - Foreign Transaction Fee	\$5.00 or 2.00% of the amount of each cash advance, whichever is greater 1.00% of each multiple currency transaction in U.S. dollars 0.80% of each single currency transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$35.00 Up to \$32.00

Detach and Retain Disclosure for Your Records

How We Will Calculate Your Balance. We use a method called "average daily balance (including new purchases)."

Effective Date.

The information about the costs of the card described in this application is accurate as of **December 1, 2010**. 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 seven (7) or more days late in making a payment. In the event you fail to make a payment on time in any of the six (6) billing cycles following the violation, you will be charged \$35.00 or the amount of the required minimum payment, whichever is less.
Returned Payment Fee	\$32.00 or the amount of the required minimum payment, whichever is less.
Statement Copy Fee	\$4.00
Rush Fee	\$30.00
PIN Replacement Fee	\$5.00
Card Replacement Fee	\$15.00