

Credit Card Disclosure Table

<i>Credit Card</i>	<i>Visa Platinum</i>	<i>Visa Gold</i>	<i>MasterCard Classic</i>
Annual Percentage Rate for Purchases, Cash Advances or Transfers	8.9% Rate for cash advance is 8.9% APR from date of advance	10.9% Rate for cash advance is 10.9% APR from date of advance	12.9% – 16.9% Rate for cash advance is the Balance approved rate from date of advance
Grace Period for Repayment of Balances for Purchases	You have 25 days to repay your balance before a finance charge on purchases will be imposed.		
Method of Computing Balance for Purchases	Average Daily Balance (including new purchases)		
Annual Fees	NONE		
Minimum Finance Charge	NONE		
Transaction Fee for Purchases or Cash Advances	NONE		
Additional Features	Cash Advances & Convenience Checks, Worldwide Acceptance, Worldwide Visa ATM network access available with PIN, and ScoreCard Reward Points earned on each eligible purchase.		
Transaction Fee for Paying Late	You agree to pay a late charge for each payment in default for a period of 15 days or more to be applied once to each periodic payment however long it remains in default. If the Minimum Periodic Payment is more than \$25, the charge will be equal to 5% of the Minimum Periodic Payment or \$25, whichever is less, but in no event less than \$10. If the Minimum Periodic Payment is \$25 or less, you agree to pay a late charge of \$5.		
The information about the costs of the cards described is accurate as of 12/10/10. The information may have changed after that date. To find out what may have changed, write to the credit union at the address shown on the back of this brochure.			

** APR = Annual Percentage Rate. Card and rate will be based on credit history. See credit union for complete details.*



Health Care Family Credit Union

HCFCU Account No.

- Individual Account
- Joint Account

If this is an application for joint credit with another person, complete information for both applicants.

CREDIT CARD APPLICATION



This application must be accompanied by verification of income (e.g., recent check stub showing year-to-date income) for each applicant. For some types of income, we may require a copy of W-2s or tax returns.

- Visa Platinum—8.9% fixed APR* & no annual fee**
- Visa Gold—10.9% APR* & no annual fee**
- MasterCard Classic—as low as 12.9% APR* & no annual fee**

I understand that if I do not qualify for the option marked, I will automatically be considered for the other cards offered. Additional information may be required.

*APR = Annual Percentage Rate. Card and rate will be based on credit history. See credit union for complete details.

Credit Limit Requested: _____

By signing this form, all applicants named below signify that they intend to apply for joint credit.

Applicant Signature _____

Co-Applicant Signature _____

APPLICANT (LAST/FIRST/MIDDLE)				CO-APPLICANT (LAST/FIRST/MIDDLE)			
ADDRESS		HOW LONG		ADDRESS		HOW LONG	
CITY/STATE/ZIP		HOME PHONE		CITY/STATE/ZIP		HOME PHONE	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PARENTS	#DEPENDENTS	MONTHLY PMT.		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PARENTS	#DEPENDENTS	MONTHLY PMT.	
SOCIAL SECURITY NO.		BIRTH DATE		SOCIAL SECURITY NO.		BIRTH DATE	
EMPLOYER		DATE EMPLOYED		EMPLOYER		DATE EMPLOYED	
WORK ADDRESS		WORK PHONE		WORK ADDRESS		WORK PHONE	
POSITION		GROSS MO. SALARY		POSITION		GROSS MO. SALARY	
OTHER INCOME (Source/Amount/Frequency)				OTHER INCOME (Source/Amount/Frequency)			
MOTHER'S MAIDEN NAME				MOTHER'S MAIDEN NAME			
RELATIVE not living at same address: (Include name/address/phone)				RELATIVE not living at same address: (Include name/address/phone)			
PREVIOUS EMPLOYER				PREVIOUS EMPLOYER			
PREVIOUS POSITION		HOW LONG		PREVIOUS POSITION		HOW LONG	

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. If there are additional debts, list on separate sheet.)

MORTGAGE OR RENT WITH	APPROXIMATE MARKET VALUE	INTEREST RATE	BALANCE DUE	MONTHLY PAYMENT
			\$	\$
AUTO LOAN FINANCED BY	ACCOUNT NO.		\$	\$
DEBT (NAME AND ADDRESS)	X		\$	\$
DEBT	X		\$	\$
DEBT	X		\$	\$
DEBT	X		\$	\$
OTHER	X		\$	\$
OTHER	X		\$	\$
PRESENT VISA CARD WITH:	X		\$	\$
PRESENT MASTERCARD WITH:	X		\$	\$

Are you a co-maker, endorser or guarantor on any loan or contract? YES NO If yes, for whom? To whom?

Other Obligations (Include alimony, child support, separate maintenance, etc. Attach a separate sheet if necessary.)

If you are applying for joint credit or if you live in a community property state (AZ, CA, ID, LA, NM, TX, WA, WI, Puerto Rico), complete the following. Married Separated Unmarried (includes Single, Divorced, Widowed)

You warrant the truth of the information above and you realize that it will be relied upon by us in deciding whether or not to grant the credit applied for. You hereby authorize us, our employees and agents to investigate and verify any information provided to us by you. You agree and understand that if approved, you are contractually liable according to the applicable terms of the Credit Card Agreement. You will receive a copy of that Agreement no later than the time of your first credit advance and you promise to pay all amounts charged to your Account according to its terms. If this is a joint application, you agree that such liability is joint and several. If you are issued a MasterCard or Visa credit card, you grant and consent to a lien on your shares or other deposits with us (except for IRA or Keogh accounts) and any dividends/interest due or to become due to you from us to the extent you owe on any unpaid Account balance. (initial). You further agree not to use your card for illegal transactions including, but not limited to, advances made for the purpose of gambling and/or wagering where such practices are in violation of applicable State and/or Federal law. By signing below each of the following applicants signify they applied for joint credit.

APPLICANT'S SIGNATURE	CO-APPLICANT'S SIGNATURE
X _____ Date _____	X _____ Date _____

CREDIT LIFE AND DISABILITY INSURANCE: "You" or "Your" means the member and the joint insured, if applicable; "Us" means the Credit Union. 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 this insurance is subject to change. You will receive written notice before any increase goes into affect. You have the right to stop this insurance by notifying us in writing. Your signature below means you agree that: 1) If you select insurance, you authorize us to add the charges for insurance to you loan each month. 2) 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. 3) You are eligible for insurance up to the Maximum Age for insurance. Insurance will stop when you reach that age. 4) You agree to pay the charge show. Cost Disclosure: Credit Life rate per \$100 of the Monthly Loan Balance is \$.08 for Single Coverage or \$.124 for Joint Coverage. Credit Disability rate per \$100 of the Monthly Loan Balance is \$.278 for Single Coverage or \$.501 for Joint Coverage.

Single Credit Disability Single Credit Life Member Signature _____ Date of Birth _____ Date _____

Joint Credit Disability Joint Credit Life Joint Member Signature _____ Date of Birth _____ Date _____

TRANSFER OF BALANCE REQUEST: I wish to transfer my present balance on the account(s) marked with a circled "X" above or listed below.

MasterCard Account No. _____ Visa Account No. _____ Account No. _____

Signature _____	Attach the payment coupon from your most recent statement.	HCFCU USE ONLY Loan Officer Signature _____	Date Limit \$ _____	<input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Counter
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