

INTEREST RATES AND INTEREST CHARGES

CFCU VISA Disclosures	Classic VISA Card	Platinum VISA Card	Rewards VISA Card
Annual Percentage Rate (APR) for Purchases	10.90% - 16.00% <i>Based on your creditworthiness on account opening. This APR will vary with the market based on the Prime Rate.</i>	9.49% - 15.49%	9.99% - 15.99%
APR for Balance Transfers	10.90% - 16.00% <i>Based on your creditworthiness on account opening. This APR will vary with the market based on the Prime Rate.</i>	9.49% - 15.49%	9.99% - 15.99%
APR for Cash Advances	10.90% - 16.00% <i>Based on your creditworthiness on account opening. This APR will vary with the market based on the Prime Rate.</i>	9.49% - 15.49%	9.99% - 15.99%
Penalty APR and When it Applies:	None	None	None
Paying Interest: 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 of each month. We will begin charging interest on cash advances and balance transfers on the transaction date.			
Minimum Interest Charge:	None	None	None
For Credit Card Tips from the Consumer Financial Protection Bureau: 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 http://www.consumerfinance.gov/learnmore			

FEES

	Classic VISA Card	Platinum VISA Card	Rewards VISA Card
Annual Fees	\$15*	\$0	\$0
Transaction Fees (fees same for all card types)			
• Balance Transfer	Either 2% of amount of each transfer or \$5 minimum, whichever is greater		
• Cash Advance	Either 3% of the amount of each cash advance done through an ATM, or 4% of the amount if done at a financial institution, or \$10 minimum, whichever is greater.		
• Foreign Transaction	1% of the amount of each foreign purchase transaction or foreign ATM advance transaction in US dollars.		
• Convenience Check	Either 3% of the amount of each Convenience Check Cash Advance, or \$10 minimum, whichever is greater.		
Penalty Fees			
• Late Payment	Up to \$35	Up to \$35	Up to \$35
• Over-the-Credit Limit	\$0	\$0	\$0
• Returned Payment	Up to \$35	Up to \$35	Up to \$35
Other Fees	None	None	None

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." See our account agreement for more details.

*Waived if you maintain Direct Deposit or CFCU mortgage
Note: These disclosures are accurate as of 3/15/14 and are subject to change thereafter. For information regarding any changes that may have occurred after this date, call 800-428-8340, or write us at: CFCU, 1030 Craft Road, Ithaca, NY 14850.

SECURITY: By initialing below, I/we hereby grant to CFCU Community Credit Union, its successors and assigns (collectively, "CFCU"), a security interest in all funds now or hereafter deposited in CFCU accounts individually or jointly in my/our name, specifically including but not limited to the following accounts: _____ . I understand that the security interest I am granting to CFCU in this Agreement also covers accounts that I may establish at CFCU in the future. I understand that the grant of the security interest to CFCU in these accounts is a condition for the approval of my CFCU Visa credit card application. Further I/we understand that CFCU may debit any of the above-specified accounts at any time in the event of a Default, as defined in Section 15 of the Account agreement. The security interest granted herein will, to the extent permitted by law, secure repayment of the full account balance of my/our CFCU Visa Card which is the subject of this application, together with accrued interest, late charges, CFCU's collection expenses including but not limited to court costs and reasonable attorney's fees. However, I/we understand that after the value of the security interest is applied to the Visa Card I/we are still obligated to pay CFCU for any remaining balance.

_____ **Borrower Initials**

_____ **Co-Borrower Initials**

Federally Insured by NCUA.

New York residents may contact the New York State Department of Financial Services by telephone at (800) 342-3736 or visit its website at www.dfs.ny.gov for free information on comparative credit card rates, fees, and grace periods.

PLACE
POSTAGE
HERE

**CLASSIC
OR PLATINUM
OR REWARDS
VISA**

More than banking!

CFCU Community Credit Union
Attention: Loan Dept.
1030 Craft Road
Ithaca, NY 14850



VISA APPLICATION

Applicant CLASSIC (\$500–\$5,000 max.) PLATINUM (\$2,500–\$25,000 max.) REWARDS (\$2,500–\$25,000 max.)

NAME (first, middle, last)		CREDIT LIMIT REQUESTED	
		\$ _____	
CFCU ACCOUNT NO.	SOCIAL SECURITY NO.	PASSWORD (for security purposes)	
BIRTH DATE		HOME PHONE	BUSINESS PHONE
		()	()
PRESENT ADDRESS (street, city, state, ZIP — not a P.O. Box)			
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	MONTHLY PAYMENT	NO. OF YEARS THERE
		\$ _____	
PREVIOUS ADDRESS (if less than 5 yrs. at present address)			

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER		
POSITION	YEARS THERE	ANNUAL SALARY (please supply income verification)
		\$ _____
OTHER INCOME Note: Alimony, child support, or separate maintenance need not be revealed if you do not choose to have it considered.		
\$ _____		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		PHONE NUMBER
		()

Co-Applicant Guarantor

NAME (first, middle, last)		CFCU Acct. #	
SOCIAL SECURITY NO.		PASSWORD (for security purposes)	
BIRTH DATE		HOME PHONE	BUSINESS PHONE
		()	()
ADDRESS (if different from Applicant)			
NO. YEARS THERE	MONTHLY RENT	OR MORTGAGE (if different from Applicant)	
	\$ _____	\$ _____	
NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER		NO. OF YEARS THERE	
ANNUAL SALARY (please supply income verification)			
\$ _____			

	Applicant		Co-Applicant/Guarantor	
ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
DO YOU HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER BEEN BANKRUPT? (if yes, please explain)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
DO YOU HAVE A CFCU MORTGAGE OR DIRECT DEPOSIT TO A CFCU ACCOUNT?	<input type="checkbox"/> yes	<input type="checkbox"/> no		

ANNUAL FEE WAIVER <input type="checkbox"/>
--

- Minimum Qualifications:
1. Annual Income must be at least \$5,000 for Classic Visa.
 2. U.S. Citizen or permanent resident alien.
 3. 21 years of age or provide a guarantor, or demonstrate independent means to repay debt.
 4. Applicants must be CFCU members

Applicants who do not meet minimum qualifications may apply with an acceptable guarantor. Call CFCU at 607-257-8500 for details.

Credit Insurance Application

Terms: “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 insurance of your choice. You can get this insurance only if you check the 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 CFCU in writing. Your signature below means:

- You agree to pay the charge for insurance shown below.
- You authorize the Credit Union to add the charges for insurance to your loan each month.
- You are eligible for insurance up to the Maximum Age for insurance.
- Special Note: Credit Life Insurance will not stop at age 70. However, you must be under age 70 to enroll for coverage.

COST DISCLOSURE:

- Credit Life rate per \$100 of the Cycle-End Balance is \$.060 for Single or \$.096 for Joint.
- Credit Disability rate per \$100 of the Cycle-End Balance is \$.177.

Must check coverage(s) desired:

- Single Credit Life Insurance
 Joint Credit Life Insurance
 Single Credit Disability Insurance (on Primary Applicant only)
 I decline coverage

	X	
Date of Birth	Signature of Member	Date

	X	
Date of Birth	Signature of Joint Insured (only required if Joint Credit Life is selected)	Date

Auto Deduct Option

- I (We) do not wish to enroll in the Auto Deduct Program.
- I (We) wish to enroll in the Auto Deduct Program and I (we) authorize CFCU Community Credit Union (CFCU) to withdraw the payments for my (our) VISA card account from our CFCU:
- Share account (Savings)
 Share draft account (Checking)
- Payment must come from same account under which VISA was opened.

I (we) choose the following Auto Deduct payment plan:
 Fixed amount: \$ _____
 Minimum Payment
 Balance in full

Classic VISA payment will be made on the 14th of each month. Platinum VISA payment will be made on the 22nd of each month. Reward VISA payment will be made on the 22nd of each month.

I (We) acknowledge I (we) will receive and read a copy of the Auto Deduct Disclosures and Description of Operation of the payment plans (sent to me under separate cover). I (We) agree to the terms and conditions as stated.

X	
Signature	Date

X	
Signature	Date

Balance Transfer Option

I (We) am (are) interested in transferring balances from other credit cards to my (our) CFCU VISA. Please send me (us) information.

VISA Agreement (Please Sign)

I (We) agree to notify you in writing immediately if there are any important changes. I (We) also agree to notify you of any change in my (our) name, address or employment within a reasonable time thereafter. I (We) also promise that everything I (we) have stated in this application is correct to the best of my (our) knowledge. I (We) authorize the CFCU Community Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of credit received. If I (we) request, the Credit Union will tell me (us) the name and address of any credit bureau from which it received a credit report on me (us). I (We) understand that 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 the NCUA.

I (We) understand that if this application is approved and CFCU VISA card(s) issued, I (we) the undersigned applicant, agree that by signing, using, or permitting another to use the VISA card(s), I (we) will be bound by the terms and conditions of the VISA Agreement and Disclosure Statement (sent under separate cover). I (We) also understand that CFCU reserves the right to amend these terms and conditions, with the proper notice as required by law, and that my (our) use of the card thereafter will indicate my (our) agreement to the amendments.

I (We) understand that if I (we) am (are) approved for an upgrade, my (our) existing VISA card account, if any, will be closed and the account balance transferred to my new card account.

X	
Applicant Signature	Date

X	
Co-Applicant/Guarantor Signature	Date

Please be sure to sign in all areas indicated.

For Credit Union Use Only			
<input type="checkbox"/> Classic	<input type="checkbox"/> Platinum	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Rewards
Approved _____	Declined _____	Credit Limit _____	
Counteroffer _____			
Reason(s) for Decline _____			
Signatures:			
			Date _____
			Date _____