

INTEREST RATES AND INTEREST CHARGES	
CFCU Secured Classic Plus VISA Disclosures	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>16.00%</b>
<b>APR for Balance Transfers</b>	<b>16.00%</b>
<b>APR for Cash Advances</b>	<b>16.00%</b>
<b>Penalty APR and When it Applies</b>	None
<b>Paying Interest</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
<b>Minimum Interest Charge</b>	None
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	To learn more about factors to consider when applying for or using a credit card, visit the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .

FEES	
Secured Classic Plus VISA	
<b>Annual Fee</b>	\$15*
<b>Transaction Fees</b>	
• 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 the Convenience Check Cash Advance or \$10 minimum, whichever is greater.
<b>Penalty Fees</b>	
• Late Payment	Up to \$35
• Over-the-Credit Limit	\$0
• Returned Payment	Up to \$35
<b>Other Fees</b>	None

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

\*Waived if you maintain Direct Deposit or CFCU mortgage  
 Note: The above 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.

**Federally Insured by NCUA.**

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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**

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](http://www.dfs.ny.gov) for free information on comparative credit card rates, fees, and grace periods.

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

PLACE  
 POSTAGE  
 HERE

Secured  
**CLASSIC PLUS  
 VISA**

**More than banking.**



# SECURED CLASSIC PLUS VISA APPLICATION

## Applicant

NAME (first, middle, last)		CREDIT LIMIT REQUESTED (\$500–1000)		
		\$		
CFCU ACCOUNT NO.	SOCIAL SECURITY NO.	PASSWORD (for security purposes)		
BIRTH DATE	HOME PHONE ( )	BUSINESS PHONE ( )		
COLLEGE ADDRESS (street, city, state, ZIP — not a P.O. Box)				
RENT <input type="checkbox"/>	MONTHLY PAYMENT \$	NO. OF YEARS THERE	ANNUAL GROSS SALARY (if any) \$	SOURCE(S) OF SALARY
ARE YOU A U.S. CITIZEN OR PERMANENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO				
INDICATE ADDRESS WHERE CARDS AND STATEMENTS SHOULD BE SENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> GUARANTOR				

## Guarantor

NAME (first, middle, last)		SOCIAL SECURITY NO.		
BIRTH DATE	HOME PHONE ( )	BUSINESS PHONE ( )		
ADDRESS (street, city, state, ZIP — not a P.O. Box)				
NO. YEARS THERE	MONTHLY RENT \$	OR MORTGAGE \$	ANNUAL GROSS SALARY \$	
NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER		NO. OF YEARS THERE		
OTHER INCOME (NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.)				
ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		<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	

### FEDERAL NOTICE TO GUARANTOR

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount. The creditor can collect the debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record. This notice is not the contract that makes you liable for the debt.

### NOTICE OF GUARANTOR'S LIABILITY

You agree to pay the debts incurred from time to time on the account identified below although you may not personally receive any property, services, or money. You may be sued for payment although the person opening the account is able to pay. You should know that the Limit of Liability listed below does not include court costs or attorney's fees, or other costs or charges that may be stated in the agreement. You will also have to pay some or all of these costs and charges if the agreement for the consumer credit account, payment of which you are guaranteeing, requires the borrower to pay such costs and charges. This notice is not the agreement, or other writing that obligates you to pay. Read that writing for the exact terms of your obligations and of your rights to limit or end your obligations.

### Identification of Account(s) You May Have To Pay

CFCU	Name of Creditor
Name of Borrower	(please print)
Kind of Account : VISA	
<input type="checkbox"/> Minimum – \$500	
<input type="checkbox"/> Maximum – \$5,000	
<input type="checkbox"/> Amount of Liability \$	
Limit of Liability—check one	

I will be given a completed copy of this notice and of each writing that obligates me or the Borrower on this account.

## Guarantee Agreement

**Basic Guarantee** – To induce CFCU (the “Credit Union”) to lend money or give credit to the Applicant (the “borrower”), you (the “Guarantor(s)”), jointly and severally if more than one, guarantee prompt and full payment when due the following debt, including principal and interest.

**When You Must Pay** – If the Borrower fails to pay the debt when due you promise to pay the debt to the Credit Union upon demand. The Credit Union can demand that you pay the debt even if it does not try to collect from the Borrower and without enforcing any security interests the Borrower has given the Credit Union.

**No Notice Required** – This guarantee remains in effect even though you are not given notice of the following: (1) If the Borrower fails to pay any amount due; (2) Of any renewal, extension or substitution of any of the Borrower's debts; (3) Of the acceptance by the Credit Union of the guaranty.

**Payments** – The Credit Union has the right to apply payments by the Borrower to any of the Borrower's debts in any order the Credit Union elects.

**You May be Sued** – You may be sued for payments of the debt if the Borrower is in default and you do not pay the amount you have guaranteed.

**Other Guarantors** – If more than one guarantor signs this agreement, the Credit Union can release or settle with any of the Guarantors at any time without affecting the liability of the others.

**No Waiver of Rights** – The Credit Union can delay enforcing any of its rights under this agreement without losing them.

**Who is Bound** – Each person who signs below is bound jointly and severally. The Credit Union can enforce this agreement against your heirs and legal representatives.

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

(Guarantor's signature must be witnessed by a CFCU employee or notary public.)

## 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

Date of Birth \_\_\_\_\_ Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

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

## 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(s), address(es) 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 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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to sign in all areas indicated.

<b>For Credit Union Use Only</b>		
Approved _____	Declined _____	Credit Limit _____
Counteroffer _____		
Reason(s) for Decline _____		
Signatures:		
_____	Date _____	
_____	Date _____	