Chiropractic Federal Credit Union VISA Credit Disclosures

VISA Credit Disclosures											
INTEREST RATES AND OTHER CHARGES	Visa Platinum	VISA Classic									
Annual Percentage Rate (APR) for Purchases	9.9%	13.8%									
APR for Balance Transfers	9.9%	13.8%									
APR for Cash Advances	9.9%	13.8%									
How to Avoid	Your due date is at	least 25 days after the									
Paying	close of each billing cycle. We will not charge										
Interest on	you any interest on purchases if you pay your										
Purchases	entire balance by the due date each month.										
Minimum	If you are charged interest, the charge will										
Interest Charge	be no less than \$1.50										
For Credit Card	To learn more about factors to consider when										
Tips from the	applying for or using a credit card, visit the										
Federal Reserve	website of the Federal Reserve Board at										
Board	http://www.federalreserve.gov/creditcard										
FEES	Visa Platinum	Visa Classic									
Transaction Fees ☐ Foreign Transaction	No fees for transactions in the U.S. 1% of each foreign transaction in U.S. dollars										
Penalty Fees ☐ Late Payment	5% of amount past due (not less than \$1.00 and not to exceed \$25.00										
☐ Returned Payment Charge	\$.	15.00									
□ Over-the- Credit Limit	none										
Other Fees Document Copy Fee per page	\$3										

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

The information about the cards described in the above disclosures was accurate as of 10-20-20. The information may have changed after that date. To find out what may have changed, write us at 23617 Liberty, Farmington, MI 48335, or call us at 800-422-6424

Chiropractic Federal Credit Union VISA Credit Card Application NOTICE: Married applicants may apply for individual credit:

Check the box indicating the type of credit ye											
☐ Individual Credit	so are appromision										
(1) Complete Applicant section if you a	re relying only on y	our own income and	assets to es	tablish cr	edit.						
(2) Complete other applicant section pr	=		-						λ,		
ID, LA, NM, NV, TX, WA, WI) or if	you are relying on	alimony, child support	t, or separa	te mainte	nance payme	ents to esta	blish credit.				
Joint Credit	le de le	ele eft e l		d d							
(1) Complete the Applicant and Co-App(2) Each joint applicant must sign below	•	laing information abo	our you and	ine omer	рапу.						
We intend to apply for joint cred	it:					A 1: .					
	Applicant's S	gnature			Co	-Applicant	t's Signature				
Applicant Information	Account Number _				Credit Li	mit Reques	ted \$				
Applicant's Name (first, middle, last)			Date of Birth Social Securi				curity Numbe	rity Number			
Address			City			State		Zip			
Phone Number	Rent/Mortgag	e Payment	Landlord/Mortgage Compar		ge Company			Alimony/Child Support Received*			
Employer/Clinic	Address		City			State		Zip			
Employer's/Clinic's Phone Number		Hire Date		Monthly Income (Gross)			s)				
Reference					*						
Name	Relationship	Address									
*Alimony, separate maintenance or child support ne											
Co-Applicant Information											
Co-Applicant's Name (first, middle, last)	Co-Applicant's Name (first, middle, last)			Date of Birth Social Security Num					ber		
Address			City			State Zi		Zip	Zip		
Phone Number	Rent/Mortgag	e Payment	Landlord/Mortgage Company			·		Alimony	/Child Support Received*		
Employer/Clinic	Address		City			State			Zip		
Employer's/Clinic's Phone Number	'	Hire Date			Monthly Income (Gross)						
*Alimony, separate maintenance or child support ne	eed not be revealed if	 you do not wish to rely or	n it.								
Important Information About Procedures fo to obtain, verify and record information that identifies	es each person who op	ens an Account. What th	his means to y	you: Whe							
information that will allow us to identify you. We wi	ll also ask to see your	driver's license or other id	dentitying doo	cuments.							
SECURITY INTEREST - This Sec	tion MUST be	e signed and de	ated.								
By signing here, you understand and consent to a li- unpaid Visa card balance. In addition, collateral se-											
If you withdraw your shares below the minimum \$2.	0 ,		•					Ü			
٧			Υ								
X Applicant's Signature		Date		plicant's	Signature				Date		
This application is submitted to obtain credit and 1 (from consumer reporting agencies and other credit card(s) all applicants will be bound by the terms and	ors and to verify emplo	syment or other sources of	f income. If th	is applicat	ion is approved	, the unders	igned agree tl	nat by using,			
Negative Information Notice: You may report report(s).	t information about my	(our) account to credit bu	ureaus. Late p	oayments,	missed paymen	ts, or other o	defaults on my	(our) accour	nt may be reflected in my (our) credit		
Χ			Χ								
Applicant's Signature		Date	Co-Applicant's Signature						Date		