

CHIROPRACTIC FEDERAL CREDIT UNION
CREDIT CARD APPLICATION DISCLOSURES

Interest Rates and Interest Charges	VISA Gold	VISA Classic
Annual Percentage Rate (APR) for Purchases	9.90%	13.80%
APR for Balance Transfers	9.90%	13.80%
APR for Cash Advances	9.90%	13.80%
How to Avoid Paying Interest on Purchases	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.	
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	
Annual Fee	None
Transaction Fees	
<ul style="list-style-type: none"> • Foreign Transaction 	1% of each transaction in U.S. dollars.
Penalty Fees	
<ul style="list-style-type: none"> • Late Payment • Returned Payment 	Up to \$25 . Up to \$15 .

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

Chiropractic Federal Credit Union VISA Credit Card Application

NOTICE: Married applicants may apply for individual credit:

Check the box indicating the type of credit you are applying for:

Individual Credit

- (1) Complete Applicant section if you are relying only on your own income and assets to establish credit.
- (2) Complete other applicant section providing information about your spouse or former spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if you are relying on alimony, child support, or separate maintenance payments to establish credit.

Joint Credit

- (1) Complete the Applicant and Co-Applicant section providing information about you and the other party.
- (2) Each joint applicant must sign below.

We intend to apply for joint credit:

Applicant's Signature _____

Co-Applicant's Signature _____

Applicant Information

Account Number _____ Credit Limit Requested \$ _____

Applicant's Name (first, middle, last)		Date of Birth		Social Security Number	
Address		City		State	Zip
Phone Number ()	Rent/Mortgage 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) \$			
Reference					
Name _____		Address _____			
Phone ()	Relationship _____				

**Alimony, separate maintenance or child support need not be revealed if you do not wish to rely on it.*

Co-Applicant Information

Co-Applicant's Name (first, middle, last)		Date of Birth		Social Security Number	
Address		City		State	Zip
Phone Number ()	Rent/Mortgage 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 need not be revealed if you do not wish to rely on it.*

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

SECURITY INTEREST - This Section MUST be signed and dated.

By signing here, you understand and consent to a lien on your Shares with Us (except Individual Retirement Accounts) and dividends and interest due or to become due to You from Us to the extent you owe on any unpaid Visa card balance. In addition, collateral securing any other loans other than real estate loans, with the credit union will also secure credit extended under this agreement.

If you withdraw your shares below the minimum \$25 membership requirement, you are no longer a member and you may not receive any more advances under this agreement.

X _____ X _____
Applicant's Signature Date Co-Applicant's Signature Date

This application is submitted to obtain credit and I (we) represent that all information herein is true and complete. I (We) also authorize the credit union to verify or obtain further information as it deems necessary from consumer reporting agencies and other creditors and to verify employment or other sources of income. If this application is approved, the undersigned agree that by using, or permitting another to use the Visa card(s) all applicants will be bound by the terms and conditions of the separately mailed Visa Credit Card Agreement and Disclosure; including any future amendments.

Negative Information Notice: You may report information about my(our) account to credit bureaus. Late payments, missed payments, or other defaults on my (our) account may be reflected in my (our) credit report(s).

X _____ X _____
Applicant's Signature Date Co-Applicant's Signature Date