

AmeriCU Credit Card Terms	Platinum VISA®	VISA® Gold	Classic VISA®	MasterCard®
Annual Percentage Rate (APR) • Purchases	7.9% APR	10.9% APR	13.9% APR	12.9% APR
• Balance Transfer APR	7.9% APR	10.9% APR	13.9% APR	12.9% APR
• Cash Advance APR	15.9% APR	15.9% APR	17.9% APR	17.9% APR
Annual Fee	None	None	None	\$12**
Grace period for repayment of purchase balances	25 days			
Method of computing balances for purchases	Average Daily Balance (excluding new purchases)			
Minimum Finance Charge	\$0.50	\$0.50	\$0.50	\$0.50
Cash Advance Fee	None	None	None	None
Late Payment Fee	\$25	\$25	\$20	\$20
Over-the-credit-limit Fee (105%)	\$25	\$25	\$20	\$20
Foreign Transaction Fee	1% of the U.S. dollar amount of the transaction			

Minimum Payment: \$10 or 1/48th of balance, whichever is greater. **Non-sufficient fund (NSF) fee:** \$25.00 fee on pre-authorized debit or returned check due to NSF.

**Annual Fee will be waived for members age 62 and older. New York Residents may contact the New York State Banking Department to obtain a comparative listing of Credit Card rates, fees and grace periods. New York State Banking Department 1.800.518.8866

To mail after completing your application, tear along perforation, fold and seal with tape.

AmeriCU Credit Union – Credit Card Application Please print clearly in ink.

1916 Black River Blvd., Rome, NY 13440 Reg B Notice - Required for Joint Applications (intent to apply jointly must be shown by initialing the lines below)

Account ID# _____ Applicant _____ Co Applicant _____

Please Select: <input type="checkbox"/> Platinum VISA® Line of Credit: \$5,000 - \$40,000	<input type="checkbox"/> VISA® Gold \$2,500 - \$25,000	<input type="checkbox"/> Classic VISA® \$500 - \$5,000	<input type="checkbox"/> MasterCard® \$500 - \$5,000
Credit Line Requested: \$ _____ <i>In some instances you may receive an alternate AmeriCU credit card with a lower credit line.</i>			
Application Type: _____ Individual Applicant _____ Joint Applicant _____ Authorized User: _____			

ALL APPLICANTS COMPLETE THE FOLLOWING SECTIONS.

APPLICANT

First Name _____ M.I. _____ Last Name _____
 Date of Birth ____/____/____ Social Security # ____-____-____ Home Phone (____) _____
 Complete Street Address _____ Apt. _____ Length of Residence _____
 City _____ State _____ Zip _____
 Previous Address (if at current address less than two years) _____
 City _____ State _____ Zip _____ Years there _____
 Email Address: _____ Housing Payment \$ _____ Own Rent Other Mother's Maiden Name: _____
 Employer _____ # of Years Employed _____ and/or Date of Hire _____
 City _____ State _____ Zip _____
 Employer Phone Number (____) _____ Current Position _____ Self-Employed Retired
 Previous Employer (if less than two years) _____ Position/Rank _____ and/or Date of Hire _____
 Previous Employer's Address _____ City _____ State _____ Zip _____
Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Annual Income \$ _____ (In some cases, proof of income may be required.) Additional Income \$ _____ Source _____
 Reference/Relative Name & Relationship: _____ *If responsible for alimony, child support or separate maintenance: Amount \$ _____ per month.*
 Address _____ State _____ Zip _____ Phone (____) _____

(Optional): If you are relying on a Co-Applicant's income or assets for your application, please complete this section.

Co-Applicant First Name _____ M.I. _____ Last Name _____
 Date of Birth ____/____/____ Social Security # ____-____-____ Home Phone (____) _____
 Complete Street Address _____ Apt. _____
 City _____ State _____ Zip _____
 Email Address: _____ Housing Payment \$ _____ Own Rent Other Mother's Maiden Name: _____
 Employer _____ # of Years Employed _____ and/or Date of Hire _____
 City _____ State _____ Zip _____
 Employer Phone Number (____) _____ Self-Employed Retired
Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Annual Income \$ _____ (In some cases, proof of income may be required.) Additional Income \$ _____ Source _____
 Relative Name/Reference: _____ *If responsible for alimony, child support or separate maintenance: Amount \$ _____ per month.*
 Address _____ State _____ Zip _____ Phone (____) _____

IMPORTANT INFORMATION AND AUTHORIZATION

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (we) also authorize AmeriCU Credit Union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. If this application is approved and a VISA/MasterCard card(s) issued, I (we), the undersigned applicant(s) by signing, using or permitting another use the VISA/MasterCard(s) agree(s) that I (we) will be bound by the terms and conditions accompanying the VISA/MasterCard(s) and all amendments. Important: If this is a joint application, applicant and joint applicant must sign in order for each to be issued a card. By signing a credit card application, you affirm that as a condition of receiving a credit card from AmeriCU Credit Union, you agree to give us a security interest in all present or future shares held in AmeriCU Credit Union, with the exception of any shares held in IRA or other deferred compensation accounts.

X _____ DATE _____ X _____ DATE _____
 APPLICANT'S SIGNATURE CO-APPLICANT'S SIGNATURE/AUTHORIZED USER

AUTOMATIC PAYMENT AUTHORIZATION (Optional)

See inside panel for benefits of this convenient payment option.

A. Select Payment Option (choose 1, 2, or 3): 1. Full Monthly Payment (total balance due) 2. Minimum Payment 3. Designated Monthly Payment Amount \$ _____
 B. Withdraw Payment From (choose): Savings #ID _____ or Checking #ID _____

BALANCE TRANSFER OPTION

Please transfer the account listed below to my new AmeriCU Credit Union credit card account. (Please list in preferred payment order.) I understand that closing the credit card account listed below is my responsibility.

1. _____ \$ _____
 Credit Card Issuer Name Exact Transfer Amount Card Number to Pay-Off and Transfer to AmeriCU Credit Card
 Payment Address: _____
 2. _____ \$ _____
 Credit Card Issuer Name Exact Transfer Amount Card Number to Pay-Off and Transfer to AmeriCU Credit Card
 Payment Address: _____