

AmeriCU Credit Card Terms	Platinum VISA®	VISA® Gold	Classic VISA®	MasterCard®
Annual Percentage Rate (APR) • Purchases	7.9% Fixed APR	10.9% Fixed APR	13.9% Fixed APR	12.9% Fixed APR
• Balance Transfer APR • Cash Advance APR	7.9% Fixed APR 15.9% Fixed APR	10.9% Fixed APR 15.9% Fixed APR	13.9% Fixed APR 17.9% Fixed APR	12.9% Fixed APR 17.9% Fixed 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

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 _____

Relative Name & Relationship/Reference: _____ *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 DATE CO-APPLICANT'S SIGNATURE/AUTHORIZED USER DATE

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: _____