

Credit Card Application

Card Choice: **MasterCard** Account Choice: **Individual Account** **Joint Account**

APPLICANT Note: All Applicable Sections Should Be Filled Out Completely. If Not Processing Of Your Application May Be Delayed.

Last Name: _____ First Name: _____ Middle Initial: _____
 Member Number: _____ Social Security No: _____
 Date of Birth: _____ No. of Dependents: _____ Home Phone: _____
 Current Address: _____
 City: _____ State: _____ Zip Code: _____ Own Rent Other
 Employer: _____ Self Employed: Yes No
 Address: _____
 Work Phone: _____ Position/Occupation: _____

CO-APPLICANT or SPOUSE Complete This Section Only if CO-Applicant or Spouse is Applying For Joint Account

Last Name: _____ First Name: _____ Middle Initial: _____
 Member Number: _____ Social Security No: _____
 Date of Birth: _____ No. of Dependents: _____ Home Phone: _____
 Current Address: _____
 City: _____ State: _____ Zip Code: _____ Own Rent Other
 Employer: _____ Self Employed: Yes No
 Address: _____
 Work Phone: _____ Position/Occupation: _____

***You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.**

CREDIT DISCLOSURES

| ANNUAL PERCENTAGE RATE FOR PURCHASES | ANNUAL MEMBERSHIP FEE | GRACE PERIOD FOR PURCHASES | METHOD OF COMPUTING THE BALANCE FOR PURCHASES | LATE PAYMENT FEE | OVER THE LIMIT FEE | CASH ADVANCE FEE |
|--------------------------------------|-----------------------|----------------------------|---|------------------|--------------------|------------------|
| 12.90% | NONE | 25 DAYS | AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES | \$35.00 | NONE | NONE |

A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New balance is paid in full or until the date of payment if more than 25 days from the closing date. The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle to any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges. A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made. Cash Advances will be calculated in the same manner as explained for Credit Purchases.

SIGNATURE(S)

APPLICANTS MUST SIGN THE PLEDGE OF SHARES AS A CONDITION OF RECEIVING A SECURED MasterCard. By signing below, I/we hereby pledge and grant the Memorial Health Credit Union a security interest in the following share holdings, now held or hereafter acquired with us, to secure my/our MasterCard account. I/We authorize the credit union to apply these share holdings to pay any amount due on the account or under this agreement if I/we should default. I/We understand that for secured cards, the shares securing this card must be held by the credit union for 45 days after the account is closed.

X _____ Date _____ X _____ Date _____
 Applicant Signature / Share Account No. Co-Applicant Signature / Share Account No.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and to obtain a credit history, and that credit references or verification may be given based on inquiries from other parties. This offer is subject to credit policies of this institution. I/We agree to be bound by the terms and conditions of the credit card agreement and disclosure statement, copies of which will be mailed to the applicant if this application is granted, receipt of such agreement and disclosure and acceptance of such terms to be conclusively presumed by the applicant's use of card(s). If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____ Date _____ X _____ Date _____
 Applicant Signature / Share Account No. Co-Applicant Signature / Share Account No.

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.
 VISA Account No. _____ MasterCard Account No. _____
 Please send a copy of your last statement(s) _____
 Signature _____

FOR CREDIT UNION ONLY

MasterCard Account No. _____

Date Approved _____ Credit Line _____ Approved By _____ Date Approved _____ Credit Line _____ Approved By _____