



1777 Link Road  
Winston-Salem, NC 27103-4625  
Tele: (336) 723-0619

# CREDIT CARD APPLICATION



There are costs associated with the use of a credit card. Information about costs, rates and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at (336) 723-0619 or writing to us at the address stated on this application.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

**Individual Credit:** You must complete the Applicant section about yourself and the Other section about your spouse if

1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI)
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** Each Applicant must individually complete appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

**Credit Card Account:**  Individual  Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant <span style="float:right">Date</span>	Co-Applicant <span style="float:right">Date</span>
<b>X</b> <span style="float:right">(Seal)</span>	<b>X</b> <span style="float:right">(Seal)</span>

Credit Limit Requested \$

If Authorized User, Name:

Guarantors Complete OTHER section below.

APPLICANT			OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER		
NAME (Last - First - Initial)			NAME (Last - First - Initial)		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	EMAIL ADDRESS		BIRTH DATE	EMAIL ADDRESS	
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS	DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		LENGTH AT RESIDENCE			LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
		LENGTH AT RESIDENCE			LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO			MORTGAGE/RENT OWED TO		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %	MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
EMPLOYMENT/INCOME			EMPLOYMENT/INCOME		
START DATE			START DATE		
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
NAME AND ADDRESS OF EMPLOYER			NAME AND ADDRESS OF EMPLOYER		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$		EMPLOYMENT INCOME PER \$	OTHER INCOME PER \$	
TITLE/GRADE	SOURCE		TITLE/GRADE	SOURCE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS			PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		
STARTING DATE	ENDING DATE		STARTING DATE	ENDING DATE	

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE	ENDING/SEPARATION DATE	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE	ENDING/SEPARATION DATE
---	------------------------	---	------------------------

### STATE LAW NOTICE(S)

**Notice to Nebraska Residents:** A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

**Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Notice to Wisconsin Residents:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

Signature for Wisconsin Residents Only	Date
X	(Seal)

### CONSENSUAL SECURITY INTEREST

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

### SIGNATURES

By signing or otherwise authenticating below:

- You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.
- You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

### CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
------	--	-----------------	--------------------	--------------------

Signatures

	Date
X	(Seal)

	Date
X	(Seal)

**APPLICATION, DISCLOSURES, AND PROGRAM AGREEMENT for CREDITSAFE DEBT PROTECTION PLAN**

CARDHOLDER'S NAME	CARDHOLDER 2 NAME	LOAN NUMBER	ACCOUNT NUMBER	DATE OF LOAN
-------------------	-------------------	-------------	----------------	--------------

**This Product is Optional.** Your purchase of the CreditSafe Debt Protection Plan ("Plan") is optional. Whether or not you purchase this protection will not affect your application for credit or the terms of any existing credit agreement you have with the Financial Institution. You may cancel the Program at any time. See the Program Agreement for an explanation of how the Program may be terminated.

**Yes!** I elect the CreditSafe Debt Protection Plan at the cost of \$ 1.23 per \$100 monthly outstanding balance. My benefits are:

**Death:** cancels account balance, up to \$25,000.

**Disability:** cancels 12 Payments per occurrence, up to \$500.00 per month, limited to a total maximum disability cancellation of \$10,000 on the account.

**Involuntary Unemployment:** cancels 12 Payments per occurrence, up to \$500.00 per month, limited to a total maximum cancellation of \$10,000 on the account.

Single Protection for Cardholder 1

Joint Protection to include one additional cardholder or authorized signer at no additional cost

Plan # 622607

No, I do not wish to apply for the voluntary CreditSafe Debt Protection Plan at this time. \_\_\_\_\_ (Cardholder 1 initials) \_\_\_\_\_ (Cardholder 2 initials)

**Application Eligibility:**

To be eligible to apply, both applicants must meet the following conditions. By signing this Application, I am stating that: (1) I am under age 70; (2) During the last 2 years, I have not been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, AIDS, or any disorder of my immune system, or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test); (3) I am presently working twenty-four (24) or more hours per week; and (4) I am not self-employed, and I have not received unemployment benefits within the past 2 years.

**Cardholder's Signature**

I acknowledge and agree that: (a) I meet the eligibility requirements listed above. If it is discovered that I do not meet the eligibility requirements above, my participation in the Plan will be terminated, I will receive a refund of any fees paid, and an otherwise valid claim will be denied; (b) I have received and thoroughly read the CreditSafe Debt Protection Plan Agreement ("Agreement"), and agree to abide by the terms of the Agreement; (c) I authorize the Plan fees to be added to my card balance each month; and (d) I understand that I may not be eligible for all benefits contained in the Plan. This document is hereby incorporated into Cardholder's credit card agreement as if fully set forth therein. There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under the Program. See the Program Agreement for details.

Cardholder 1 Signature	Date
Cardholder 2/Authorized Signer Signature (if applying for Joint Protection)	Date

**PROGRAM AGREEMENT**

As used in this CreditSafe Debt Protection Plan Program Agreement ("Agreement"), "You", "Your" or "Cardholder" means the person(s) who are obligated to repay a credit card account to us who have purchased debt protection under this Agreement. "We", "Our", "Us" means, Emergency Responders Credit Union, 1777 Link, Road Winston-Salem NC 27103. "Plan Administrator" means Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota, 55101, or one of its affiliates, or a contracted third party.

This Agreement amends your credit card agreement. By enrolling in the CreditSafe Debt Protection Plan ("Plan"), you agree to abide by the terms of this Agreement. The CreditSafe Debt Protection Application is a part of this Agreement and is hereby incorporated as if fully set forth herein.

**DEFINITIONS**

**Effective Date** means that date on which your Plan becomes effective, which is: the later of (1) the date you enroll in, and your eligibility is approved for, the Plan; or (2) the date of your first advance.

**Presently working twenty-four (24) or more hours per week:** This term means that you are actively working for income for twenty-four (24) hours or more per week. "Working" means actually performing your job duties and not off of work due to leave of absence; layoff; routine or seasonal work interruption; or any other reason.

**Outstanding Balance and Payment:** "Outstanding Balance" means the outstanding card balance as of the date a Protected Event occurs. "Payment" means the minimum monthly loan payment scheduled under your credit card agreement. Outstanding Balance and Payment both refer to the protected amount under the Plan and include principal, interest, the Plan fee and any amounts which the creditor and Cardholder agreed to finance as part of the account at the time the card was opened. It does not include late fees or other fees; or any amount that represents defaults in scheduled payments of either interest or principal. Additionally, any advance taken during any period of Involuntary Unemployment or Disability will not be protected and the payment for that advance will not be cancelled. You will be responsible for re-paying any amounts that are not cancelled.

**Pre-existing condition:** means a condition for which you received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six-month period immediately prior to the Effective Date and immediately prior to each and every advance taken. However, any Protected Event resulting from any such condition or a related condition will not be excluded if the Protected Event commences six months or more after the Effective Date of protection or six months or more after the advance is taken.

### TERMS OF PROTECTION

#### **Who is eligible for protection?**

This Plan protects an eligible Cardholder ("Cardholder 1") against Protected Events that occur while you are enrolled in the Plan ("Single Protection"). At no additional cost, you may purchase protection for one additional Cardholder or authorized signer ("Cardholder 2") under the Plan ("Joint Protection"). Co-signers, guarantors, and non-borrower owners of collateral are not eligible for protection.

#### **What types of loans are eligible for protection under the Plan?**

The following types of loans are eligible for protection: credit cards.

#### **What is the Plan Fee and how is it collected?**

The Plan Fee is the amount you pay for the Protection. It is calculated by applying the rate per \$1,000 of your monthly outstanding balance and will be charged and collected monthly. Interest will accrue on the debt protection advance, which will extend the time it takes to pay off your credit card balance. If you fail to pay the fee, we can cancel the protection.

#### **Can the Plan Fee and terms of this Agreement Change?**

Yes. We can change the terms of this Agreement, including the rates, at any time. If we do so, you will be provided prior notice and an opportunity to cancel your Agreement under the Plan.

#### **Can this Agreement be contested?**

Yes. If we find that you did not meet the eligibility requirements at the time of your application, your protection under the Plan will be removed, you will receive a refund of fees paid, and an otherwise valid claim will be denied.

### PROTECTED EVENTS

*The following describes the types of Protected Events and the protection afforded under each Plan:*

#### DEATH

##### **What is the Death benefit?**

For each protected Cardholder, we will cancel the amount of your Outstanding Balance as of the date of death, up to \$25,000. If two protected Cardholders die simultaneously, we will cancel the Outstanding Balance, up to \$25,000. In no event will an excess of \$25,000 be cancelled.

#### DISABILITY

##### **What does Disability mean and how do I qualify for Disability?**

Disability means your continuous inability, due to sickness or injury, to perform the substantial and material duties of your regular occupation and you are under the regular care and treatment of a licensed physician or licensed health care provider. To qualify for Disability protection, you must be disabled for 30 consecutive days. Benefits begin to accrue on the first (1<sup>st</sup>) day that you are disabled.

##### **What amounts will be cancelled under the Disability protection?**

For each occurrence of Disability, we will cancel 1/30<sup>th</sup> of the Payment for each day that you are disabled beginning with the first (1<sup>st</sup>) day of Disability and continuing for up to twelve (12) Payment cancellations. However, cancellations will immediately cease if you recover or return to work; or if the loan is paid off, is refinanced, or is discharged for any reason. The maximum monthly cancellation is \$500.00; total Disability cancellations are limited to a maximum of \$10,000 per each protected Cardholder.

##### **What if the same or related disability occurs?**

Please see the "What if I suffer a recurrence" question in the General Provisions section below.

#### INVOLUNTARY UNEMPLOYMENT

##### **What does Involuntary Unemployment mean and how do I qualify for protection?**

Involuntary Unemployment means that you involuntarily lost your full-time employment and you are eligible for, and are receiving, unemployment benefits.

To qualify for Involuntary Unemployment protection, the following requirements must be met:

1. You are involuntarily unemployed for 30 consecutive days; and
2. You are receiving unemployment benefits for the period of unemployment for which you are making a claim under this Agreement.

##### **What amounts are cancelled under Involuntary Unemployment protection?**

We will cancel 1/30<sup>th</sup> of the Payment for each day you are involuntarily unemployed, beginning with the first (1<sup>st</sup>) day of involuntary unemployment and continuing for: (a) up to twelve (12) Payment cancellations per occurrence of Involuntary Unemployment, (b) until you discontinue receiving unemployment benefits for any reason, or (c) you regain employment; whichever is earlier. The maximum monthly cancellation is \$500.00; total Involuntary Unemployment cancellations are limited to a maximum of \$10,000 per each protected Cardholder.

### EXCLUSIONS

*Exclusions apply to both the Outstanding Balance and any and all advances under a multi-featured consumer lending plan.*

#### **Benefits will not be provided under any Protected Event if the Protected Event:**

(1) is due to suicide committed within the first 2 years of protection; (2) is due to an intentionally self-inflicted injury; (3) is due to a Pre-existing Condition; (4) results from war or any act of war, whether declared or undeclared; (5) occurs on or after your 70<sup>th</sup> birthday.

The following exclusions apply in addition to the above:

**Benefits will not be provided under Disability protection if:**

(1) the disability is related to a normal pregnancy, normal childbirth, or elective abortions. Complications due to pregnancy or childbirth will only be protected if the complications themselves are the cause of the disability.

**Benefits will not be provided under Involuntary Unemployment if:**

(1) your job is terminated because: (a) you retire; (b) you quit or resign your employment for any reason; (c) you lose your employment due to: (i) willful or criminal misconduct; (ii) a normal, routine or seasonal shut-down or job interruption of any kind; (iii) discharge from active military service; (iv) disability caused by sickness or injury; or (v) a strike, lockout, or labor dispute; (2) the Involuntary Unemployment commences within 90 days after your Effective Date; or (3) you received unemployment benefits within 2 years prior to applying for the Plan.

## GENERAL PROVISIONS

**How do I obtain benefits and verify a Protected Event under the Plan?**

To obtain benefits under the Plan, you must notify us of a Protected Event within 30 days or as soon as possible, but no later than six (6) months after the occurrence of the Protected Event, and provide any documentation or information required by us at the time of your claim and/or throughout the period for which Payments are being cancelled. You must be able to verify the Protected Event to our satisfaction. If your delay in filing a claim prevents us in any way from determining eligibility under the Plan, no benefit will be issued.

**What if I sustain an unrelated injury or sickness while I am disabled?**

If you are disabled ("original occurrence") and sustain an additional sickness or injury which would be in and of itself disabling, the additional sickness or injury will not be considered a new occurrence of Disability, but rather will be considered the same occurrence. This means that you will receive benefits only if you did not exhaust your maximum per-occurrence benefits in connection with the original occurrence.

**What if I suffer a recurrence of the same or related Protected Event?**

If you incur a claim for the same type of Protected Event again within six (6) months after you have recovered or returned to full-time work, we will consider this a continuation of the prior event. (For disability, however, this only applies if you are disabled due to the same condition.) This means that the maximum number of cancellations per occurrence for the prior event will still apply; if that maximum was already reached, no benefits will be issued. If you incur a claim for the same type of Protected Event again more than six (6) months after you have recovered or returned to full-time work, we will consider this a new event and the terms and conditions of the Plan apply as if no prior event occurred. This provision applies whether you return to work full-time with the same or different employer.

**What is the status of my account following the occurrence of a Protected Event?**

During the time it takes to process your request for benefits, you are responsible for making your monthly payment by the due date. Once benefits begin, you are responsible for any difference between the minimum payment due on the account and the amount that is cancelled.

**What if my cardholder agreement ends while I am receiving cancellations under the Plan?**

Regardless of the number of cancellations you may otherwise be entitled to, cancellations will cease if the card is paid off and closed, is refinanced, or is discharged for any reason.

**How can the Plan be terminated?**

You may terminate this Agreement at any time by writing us at Emergency Responders Credit Union, 1777 Link Road, Winston-Salem NC 27103. If you do so within thirty (30) days of your enrollment in the Plan, we will credit your loan account for any fees charged for this protection. We can terminate this Agreement by giving you written notice at least thirty (30) days in advance of the termination. Termination by us or you will be effective on the first of the month following termination. Fees for the month in which notice of termination is received will still be due and collected from the card payment.

Your Plan participation will terminate without advance notice if: (1) your loan is paid off, refinanced, or discharged for any reason; (2) required loan payments are past due by 90 days or more; if you bring your loan current after your Protection has been terminated for delinquency, protection will not be reinstated automatically and you must reapply for the Plan (3) you fail to pay the Plan Fee; (4) when you reach age 70 or die. For Joint Protection, when the oldest borrower reaches age 70, the oldest borrower's protection terminates. Protection will automatically convert to Single Protection for the younger borrower and the monthly fee will be adjusted accordingly. Once the younger borrower reaches age 70, all protection will terminate. If either borrower dies, any death benefits available will be paid, subject to the terms of this Agreement, and the protection for that borrower will terminate; or (5) the protected Outstanding Balance is paid off under the terms of the Plan or all maximum cancellations are reached.

**What are the tax implications?**

You may be subject to federal, state and local taxes on the amount of your cancelled payment or balance. You should consult your tax advisor. We or the Plan Administrator do not provide you with guidance on the tax implications, if any, of a cancelled debt.

**What if I have questions about the Plan?**

Telephone us at 336-723-0619 or write to us at Emergency Responders Credit Union, 1777 Link Road, Winston-Salem NC 27103 if you have any questions regarding this Plan.



1777 Link Road  
Winston-Salem, NC 27103-4625  
Tele: (336) 723-0619

APPLICATION AND  
SOLICITATION  
DISCLOSURE



VISA

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	<b>3.00%</b> Introductory APR for a period of six billing cycles.  After that, your APR will be <b>9.50%</b> .
APR for Balance Transfers	3.00% Introductory APR for a period of six billing cycles.  After that, your APR will be 9.50% .
APR for Cash Advances	3.00% Introductory APR for a period of six billing cycles.  After that, your APR will be 9.50% .
Penalty APR and When it Applies	None
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 any interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	None
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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .
Fees	
Annual Fee - Annual Fee	\$10.00
Transaction Fees - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee - Transaction Fee for Purchases	None \$5.00 1.00% of each transaction in U.S. dollars None
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$25.00 Up to \$27.00

**How We Will Calculate Your Balance:**

We use a method called "average daily balance (including new purchases)."

**Promotional Period for Introductory APR:**

The Introductory APR for purchases, balance transfers and cash advances will apply to transactions posted to your account during the first six months following issuance of your card.

**Effective Date:**

The information about the costs of the card described in this application is accurate as of: October 10, 2017  
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

For California Borrowers, the Visa is a secured credit card. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares,



SEE NEXT PAGE for more important information about your account.

(c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings. Notwithstanding the foregoing, you acknowledge and agree that during any periods when you are a covered borrower under the Military Lending Act your credit card will be secured by any specific Pledge of Shares you grant us but will not be secured by all shares you have in any individual or joint account with the Credit Union. For clarity, you will not be deemed a covered borrower if: (i) you establish your credit card account when you are not a covered borrower; or (ii) you cease to be a covered borrower.

**Other Fees & Disclosures:**

Late Payment Fee:

\$25.00 or the amount of the required minimum payment, whichever is less, if you are five or more days late in making a payment.

Annual Fee:

\$10.00.

Cash Advance Fee (Finance Charge):

\$5.00.

Returned Payment Fee:

\$27.00 or the amount of the required minimum payment, whichever is less.

Card Replacement Fee:

\$5.00.

Emergency Card Replacement Fee:

\$50.00.

Pay-by-Phone Fee:

None.

PIN Replacement Fee:

None.

Rush Fee:

\$50.00.

Statement Copy Fee:

\$4.00.