

PLACE
STAMP
HERE



*When you use the
FinancialEdge Community
Credit Union
Credit Card for
the purchase of
goods or services,
the following
benefit is yours!*



Automatic Travel Accident Insurance...

When you use this card to purchase your entire travel fare on a common carrier, you are automatically provided with Travel Accident Insurance coverage. Your spouse and eligible dependent children are also covered when their travel fare is purchased with this card. This coverage is provided to you at NO EXTRA COST. See your description of coverage for complete coverage details.



FinancialEdge
Community Credit Union
P.O. Box 446
Bay City, MI 48707-0446

VISA[®] Platinum

Convenience Designed
Around You



FinancialEdge
Community Credit Union

Building a successful financial plan takes the right resources. That's why we work hard to provide you with quality financial products and services like our convenient, flexible Visa credit card, for example. It's accepted at thousands of locations worldwide for just about any type of purchase you need. And, unlike those big out-of-town institutions, our card comes with the personal, friendly service you've come to expect from us.

So, whatever your plans, choose the credit card that gives you all the value and buying power you need to get your projects off the drawing board.

Accepted around the globe, wherever you see the Visa emblem...



You'll benefit from the convenience and security of your Visa card whenever you travel, shop, or dine. Whether you use your Visa for business or pleasure, you'll find it makes your life a little bit easier.

It's your choice...

Enroll your VISA in UChoose Rewards and earn 1 point(s) for every \$1 spent every time you use your card and sign for your purchases. Plus, you'll earn even more when you shop at participating retailers. There's no cost to you. You can choose rewards from millions of options, whether it's products, travel experiences, activities, event tickets, or more. Visit <https://onlineaccessplus.com/oa/financialedgeccu>

to start earning
points today!

Additional Visa Platinum Benefits...

- **Auto Rental Insurance:** Worldwide coverage on a 24-hour basis for collision damage or theft for up to the actual cash value of most rental cars at no additional cost.
- **Warranty Manager Service:** Extended warranty protection and warranty registration service.
- **Travel and Emergency Services:** Travel and emergency assistance, medical and legal referrals, emergency transportation assistance, ticket replacement, lost luggage and more.



INTERNAL USE ONLY	APPLICANT _____ ASSOCIATION _____	FINANCIAL EDGE ACCOUNT # _____
	APPLICANT _____ ASSOCIATION _____	VISA PLATINUM ACCOUNT # _____
	APPLICANT _____ ASSOCIATION _____	DATE APPROVED _____ CREDIT LINE _____ APPROVED BY _____

VISA PLATINUM CARD CREDIT APPLICATION Limit Requested: \$ _____ (choose one) Individual w/ Co-Signer Joint Limit Increase
 We intend to apply for joint credit: _____ (Applicant initials) _____ (Co-Applicant initials)

APPLICANT	<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> CO-SIGNER	(choose one)
LAST NAME	FIRST	LAST NAME	FIRST
SOCIAL SECURITY NO.	DATE OF BIRTH	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS	CITY	STATE	ZIP CODE
OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER <input type="checkbox"/>	MONTHLY PAYMENT	OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER <input type="checkbox"/>	MONTHLY PAYMENT
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER	EMPLOYER PHONE	EMPLOYER	EMPLOYER PHONE
POSITION/OCCUPATION	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION/OCCUPATION	SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
MONTHLY GROSS INCOME	HOW LONG (YRS)?	MONTHLY GROSS INCOME	HOW LONG (YRS)?
\$ _____		\$ _____	
SOURCE OF ADDITIONAL INCOME†	AMOUNT PER MONTH	SOURCE OF ADDITIONAL INCOME†	AMOUNT PER MONTH
NEAREST RELATIVE (not living with you)	HOME PHONE	NEAREST RELATIVE (not living with you)	HOME PHONE
	RELATIONSHIP		RELATIONSHIP

† You need not furnish alimony, child support, or maintenance income if you do not want us to consider it in evaluating your application.

CREDIT INFORMATION Attach Additional Sheet If Necessary

BANK NAME AND ADDRESS _____ BRANCH _____ LOANS OPEN CLOSED

CHECKING ACCOUNT NUMBER / NAME LISTED _____ SAVINGS ACCOUNT NUMBER / NAME LISTED _____

INTEREST RATES AND INTEREST CHARGES	
Annual Percentage Rate (APR) for Purchases	8.90% to 18.90% , based on your credit worthiness
APR for Balance Transfers	8.90% to 18.90% , based on your credit worthiness
APR for Cash Advances	8.90% to 18.90% , based on your credit worthiness
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.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$1.00
For Credit Card Tips from the Federal Reserve Board	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	None
• Cash Advance	None
• Balance Transfers	None
• Foreign Transaction	2% of each transaction in U.S. dollars.
Penalty Fees	
• Late Payment	Up to \$25
• Returned Payment	Up to \$25

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

SIGNATURE(S)

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 that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / WE agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted. receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. 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 _____ APPLICANT SIGNATURE _____ DATE _____ X _____ CO-APPLICANT/CO-SIGNER SIGNATURE _____ DATE _____

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. Amount to be transferred \$ _____

Credit Card Account Number _____ Signature _____