Premier Credit Union MasterCard Application (Valid as of 04/04/13)

(Nearest relative not living with you)

New Application	like to apply for			
ck the box next to the account you would latinum Gold Classic	Number of Cards:	Desired (Credit Limit \$	
nterest Rates And Interest Charge	•			
Annual Percentage Rate				
APR) for Purchases	Platinum: 7.99% , Gold: 10.99% , Classic: 13.99%			
APR for Balance Transfers	Platinum: 7.99% , Gold: 10.99% , Classic: 13.99%			
APR for Cash Advances	Platinum: 7.99% , Go	ld: 10.99%, Clas	ssic: 13.99%	
Penalty APR and When It Applies	None			
How to Avoid Paying Interest on Purchases	Your due date is a least 25 days after the close of each billing cycle. We will not charge you any interest on purchase if you pay your entire balance by the due do each month.			
For Credit Card Tips from the Consumer Finance Protection Bureau			nsider when applying for or using a credit carrinance.gov/learnmore	
-ees Annual Fee	None			
Transaction Fees	110110			
Balance Transfer	None			
Cash Advance	None			
Foreign Transaction	1% of each transaction in U.S. Dollars			
Penalty Fees	. , , , , , , , , , , , , , , , , , , ,	<u> </u>	-	
Late Payment	\$15			
Returned Payment	Up to \$20			
w We Will Calculate Your Balance:	We use a method called	d "average daily	balance (including new purchases)."	
plicant Information				
ne:(Last)	(First)		(MI)	
her's Maiden Name:				
lress:				
(Street)		(City)	(State & Zip)	
me Phone:(Area Code)	Work Phone:	(Area (Code)	
Phone:	Email:			
ployer:	_ Employer Phone	:	<u></u>	
bloyer Address:				
(Street) Own □ Rent Monthly Paym	ent	(City)	(State & Zip)	
ual Income: Add				
			d if you do not wish to have it considered	
ullional income: Alimony, child subhori or se	r			

Address/City/State/Zip

Phone (area code)

Co-Applicant Information (if applying with co-applicant) (First) (MI) (Last) SSN: Birth Date: Address: (State & Zip) (Street) (City) Home Phone: Work Phone: (Area Code) (Area Code) Cell Phone: Email: Employer Phone: Employer: Employer Address: (State & Zip) (Street) (City) ☐ Own ☐ Rent Monthly Payment ____ Annual Income: Additional Income & Source* *Additional Income: 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. Reference: (Nearest relative not living with you) Address/City/State/Zip Phone (area code) This application is submitted to obtain credit and to the best of my (our) knowledge everything stated in this application is true and complete. I (we) understand that the credit union will retain this application whether or not it is approved. I (we) authorize the credit union to verify income with my (our) employer and to verify and/or obtain further credit history information as deemed necessary by the credit union to process my (our) request for credit. It is understood that federal laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies obtain separate credit histories on each individual and that they are available to creditors upon request for purposes of evaluating credit history in the credit approval process. Submitting this application authorizes the Premier Credit Union to check credit and employment history. Additional information may be required. Co-applicant Signature Applicant Signature Date Date Supplemental Security Agreement (Required) For value received, and as additional security for the obligations defined below, the undersigned hereby grants to **Premier Credit Union** a security interest in any shares

or deposits held by Premier Credit Union that are owned by the undersigned. This Supplemental Security Agreement secures the payment and performance of all existing loans, as well as all future loans or other agreements, including, but not limited to, any credit extended under a credit card issued by Premier Credit Union to the undersigned. In the event of default, Premier Credit Union shall be authorized to offset against these shares or deposits any delinquent amounts owed Premier Credit Union.

Applicant Signature Co-applicant Signature Date Date

Please include a copy of your most recent pay stub with this application (Required)

2. Transfer other Credit Card Balances

Please provide a current credit card statement for the card the balance is being transferred from.

I hereby authorize Premier Credit Union to pay the "Amount" indicated to the "Card Issuer" shown by issuing a check and adding the Amount" to my Premier Credit Union MasterCard credit card account. I understand that the amount transferred, combined with my current balance, cannot exceed my current credit limit.

Name:			
(Last)	(First)	(MI)	
MasterCard Account Number:	or 🚨 New Application		
Card Type:	Issuer:		
Account Number:	Pay this amount:		
Payment Address:			
(Street)	(City)	(State & Zip)	
Card Type:	Issuer:		
Account Number:	Pay this amount:		
Payment Address:			
(Street)	(City)	(State & Zip)	
X			
Cardholder's Signature	Date		

Please mail application with original signatures and a copy of your most recent pay stub to:

Mailing Address:

Premier Credit Union Attn: Lending Department 800 9th Street Des Moines, IA 50309