



48 Haynes St.
 Manchester, CT 06060
 860-643-3420
 866-283-3420
 Fax: 860-643-3428
 www.chcu.org

A table that includes required credit card disclosures is provided with this Application. To obtain any change in the required information since it was printed, call us toll-free at 866-283-3420.



Credit Card 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 the appropriate section below. If Co-Borrower is spouse of the applicant, mark the Co-Applicant box.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan. **Credit Limit Requested: \$**

Applicant			Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		ACCOUNT NUMBER	NAME (Last - First - Initial)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER
E-MAIL ADDRESS			E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.	BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
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		START DATE	Employment/Income		START DATE
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		OTHER INCOME	EMPLOYMENT INCOME		OTHER INCOME
\$ _____ PER _____		\$ _____ PER _____	\$ _____ PER _____		\$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE	<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE

State Law Notices **OHIO RESIDENTS ONLY:** 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.

WISCONSIN RESIDENTS ONLY: (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.

Signatures

SIGNATURE FOR WISCONSIN RESIDENTS ONLY _____ DATE _____

1. 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. 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. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and 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.

<input checked="" type="checkbox"/> (SEAL)	<input checked="" type="checkbox"/> (SEAL)
APPLICANT'S SIGNATURE _____ DATE _____	OTHER SIGNATURE _____ DATE _____
FOR CREDIT UNION USE ONLY <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	
NO. OF CARDS _____ CREDIT LIMIT \$ _____ CREDIT CARD NUMBER _____	
CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____	

✂ Detach and Retain Disclosure for Your Records

The Credit Union
Difference



**Credit Card
Application**

Visa



**Community Healthcare
Credit Union, Inc.**

48 Haynes St.
Manchester, CT 06060

860-643-3420
866-283-3420

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people helping people

 **CUNA MUTUAL GROUP**

CUNA Mutual Insurance Society

**Credit Insurance
Application/Schedule**

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$.19	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.07	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.105	

Under "Total Disabilities Not Covered," number 1 is waived.

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.	INSURANCE MAXIMUMS		DISABILITY	LIFE
	GROUP POLICY NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$ 600
006-0447-7	MAX. INSURABLE BALANCE PER LOAN ACCT		\$30,000	\$30,000
	MAXIMUM AGE FOR INSURANCE		NONE	NONE
ACCOUNT NUMBER	SECONDARY BENEFICIARY (If you desire to name one)			
	MEMBER'S DATE OF BIRTH		JOINT INSURED'S DATE OF BIRTH	

SIGNATURE OF MEMBER (Be sure to check one of the boxes above) DATE

SIGNATURE OF JOINT INSURED (CO-BORROWER) DATE (Only required if JOINT CREDIT LIFE coverage is selected)



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LOANLINER.



VISA CLASSIC
Application and Solicitation Disclosure

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	12.90%
APR for Cash Advances	12.90%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
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 Web site of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
Fees	
Transaction Fees • Foreign Transaction Fee	1.00% of each transaction in U.S. dollars
Penalty Fees • Late Payment Fee • Returned Payment Fee	Up to \$30.00 Up to \$15.00

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

Effective Date. The information about the costs of the card described in this application is accurate as of **April 1, 2011**. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

Late Payment Fee	\$25.00 or the amount of the required minimum payment, whichever is less, if you are fifteen (15) or more days late in making a payment. In the event you fail to make a payment on time in any of the six (6) billing cycles following the violation, you will be charged \$30.00 or the amount of the required minimum payment, whichever is less.
Returned Payment Fee	\$15.00 or the amount of the required minimum payment, whichever is less.
Pay By Phone Fee	\$10.00