

CBCCU VISA Application

Please tell us about yourself

PLEASE PRINT ACCOUNT # _____ LIMIT REQUESTED \$ _____

We intend to apply for joint credit. Applicant _____ Co-Applicant _____
INITIALS INITIALS

NAME (LAST, FIRST, MIDDLE) _____ SOC. SEC. NO. _____ DATE OF BIRTH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME PHONE NO. _____

\$ _____
MORTGAGE/RENT PAYMENT _____ YEARS/MONTHS THERE _____ CO-APPLICANT'S SOC. SEC. NO. _____

CO-APPLICANT'S NAME (LAST, FIRST, MIDDLE) _____ CO-APPLICANT'S DATE OF BIRTH _____

Please tell us about your job

EMPLOYER OR FIRM NAME _____ POSITION _____ STARTING DATE _____ PHONE NO. _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

\$ _____ \$ _____
MONTHLY GROSS INCOME* _____ OTHER INCOME** & SOURCE _____ PER: MONTH YEAR

CO-APPLICANT'S EMPLOYER, ADDRESS & PHONE NO. _____

*Income Verification: CBCCU requires income verification for all loans. To expedite your loan please include proof of income with this application (i.e., copy of last two pay stubs, W-2 form, etc.). **Alimony, separate maintenance or child support need not be revealed if you do not wish to rely on it.

Payment Protection

 SINGLE CREDIT DISABILITY INSURANCE SINGLE CREDIT LIFE INSURANCE JOINT CREDIT LIFE INSURANCE

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Complete Here For Free Additional Card

NAME (LAST, FIRST, MIDDLE) _____ SOC. SEC. NO. _____

By signing below, I (we) apply to Clarkston Brandon Community Credit Union for a VISA credit card account and agree to be bound by the VISA Credit Card Agreement and Truth-in-Lending Disclosure below and accompanying the card(s). I (We) authorize Clarkston Brandon Community Credit Union to request and obtain all credit and employment information necessary to process this application.

X _____ X _____
SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF CO-APPLICANT _____ DATE _____X _____
SIGNATURE OF ADDITIONAL CARD APPLICANT _____ DATE _____

FOR VISA: ISSUE CARD(S) AS FOLLOWS: No card will be issued in the name of a person who has not signed above.

CARD #1 _____ CARD #2 _____ CARD #3 _____

CREDIT UNION USE ONLY

 LOAN APPROVED LOAN DENIED LOAN OFFICER(S) _____ DATE _____
LIMIT APPROVED \$ _____ COMMENTS _____ CLASSIC GOLD SHARE SECURED

MAIL OR BRING TO: CLARKSTON BRANDON COMMUNITY CREDIT UNION, 8055 ORTONVILLE ROAD, CLARKSTON, MI 48348. OR, FAX TO 248-625-5199.

Balance Transfer Form

BALANCE TRANSFER #1: TYPE OF CARD: VISA MASTERCARD DISCOVER
 OTHER _____

NAME _____

ACCOUNT # _____ AMOUNT TO TRANSFER \$ _____

CREDITOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BALANCE TRANSFER #2: TYPE OF CARD: VISA MASTERCARD DISCOVER
 OTHER _____

NAME _____

ACCOUNT # _____ AMOUNT TO TRANSFER \$ _____

CREDITOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

By signing, I authorize CBCCU to pay each balance or portion of balance I have designated above (based on my available CBCCU VISA credit limit). I understand that I must continue making my monthly payments until I receive a statement reflecting the balance transfer and/or close the account with that department store/financial institution.

X _____ Date _____
SIGNATURE OF APPLICANT

CREDIT DISCLOSURES

Annual Percentage Rate For Purchases & Cash Advances – APR		
VISA Classic 13.80% Fixed	VISA Classic 15.84% Fixed	VISA Gold 9.90% Fixed
Other APRs: Balance Transfer APR		
13.80% Fixed	15.84% Fixed	9.90% Fixed
Minimum Finance Charge		
None	None	None
Annual Membership Fee		
None	None	None
Grace Period		
25 days on purchases	25 days on purchases	25 days on purchases
Late Payment Fee		
\$10	\$10	\$20
Over-the-Limit Fee		
None	None	None
Balance Computation Method		
Average Daily Balance (including new purchases)	Average Daily Balance (including new purchases)	Average Daily Balance (including new purchases)

This information was printed December 5, 2009, and was accurate as of that date. This information is subject to change after the date it was printed. You should contact us for any change in the information since it was printed. You may write to us at 8055 Ortonville Road, Clarkston, MI 48348 for this purpose. USA Patriot Act requires verification of identification for all new accounts.