

MSUFCU Visa Credit Card Application

You must be a credit union member to obtain a credit card. Joint applicant required if applicant is under 18 years of age.

Applicant information (To apply you must be a citizen or permanent resident of the United States.)

Income Verification for Applicants Under 21

Job: \$ _____ / month (please fill out employer information below)

Financial Aid: \$ _____ / month (scholarships, loans, grants, etc.)

Parent Support: \$ _____ / month

If above equals zero and you are under age 21, a parent/guardian joint party is required.



If MSUFCU member, MSUFCU account number		<input type="checkbox"/> Add Joint Party			
		<input type="checkbox"/> Add Authorized User			
Print Full Name — First, Middle Initial, Last			Social Security #		Date of Birth (Month/Day/Year)
Driver's License Number		Issuing State	Permanent U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone ()
Permanent Address Apt.		City	State	ZIP	Phone ()
Email Address			Would you like to receive eStatements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer's Name & Address		City	State	ZIP	Phone ()
Date of Hire	Position		Gross Monthly Salary		Rent or Mortgage Payment
Joint Applicant Name		Social Security #		Date of Birth (Month/Day/Year)	
Address Apt.		City	State	ZIP	Phone ()
Employer's Name & Address		City	State	ZIP	Phone ()
Date of Hire	Position		Gross Monthly Salary		Rent or Mortgage Payment
If member, MSUFCU account number			Joint Applicant Initials <small>By placing my initials here I agree that I am applying for a joint loan.</small>		<input style="width: 100px; height: 20px;" type="text"/>

A Personal Identification Number (PIN) for cash advances at ATMs will be issued for this account.

I/We hereby apply for an MSUFCU Visa Credit Card line of credit. In the event that the Visa Credit Card line of credit applied for is issued, I/we agree to read and comply with the terms of the Agreement and Truth in Lending Disclosure Statement that will be furnished with the card. I/We agree to retain such information for our records. Please issue a separate Visa card embossed with each name printed above. I/We hereby give authorization to my/our employer(s) to release any employment verification to the credit union.

I/We hereby authorize the credit union to check my/our credit and employment history and to answer any questions about the credit union's credit experience with me/us. I/We hereby grant the credit union a security interest in the Credit Union account listed above, and in any other accounts at the credit union which I/we own, except for Individual Retirement Accounts. I/We acknowledge that granting this security interest is a condition for the credit card account.

Sign Here	Applicant's Signature	Date	Issue additional cards to the following AUTHORIZED USERS (print name): _____ _____
	Joint Applicant's Signature	Date	

Request for Group Credit Life and Disability Insurance

I (We) are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. I (We) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the loan must be repayable within the maximum loan repayment period shown on the certificate. I (We) understand that the purchase of this insurance is voluntary and not required in order to obtain credit, and that I (we) may terminate it at any time. I (We) also agree that: 1. I am eligible for life insurance if I am presently under age 71. 2. If joint life insurance is selected, we are eligible if the older applicant is presently under age 71. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. 3. I am eligible for disability insurance if I am presently under age 66 and, if applicable, my loan is repayable within the maximum loan repayment period shown on the certificate. I also must be working for wages or profit for 20 hours or more per week on the effective date. 4. A person signing this application as co-applicant is not eligible for disability insurance.

DEATH OR TOTAL DISABILITY CAUSED BY PRE-EXISTING CONDITIONS MAY NOT BE COVERED DURING THE FIRST 6 MONTHS.

The following question must be answered to determine my eligibility for disability insurance:

1. (Applicable to Disability Insurance Only) Are you presently working for wages or profit for 20 hours or more per week? Primary Applicant: Yes No

My answer to the above question is true to the best of my knowledge and belief. The effective date of my (our) insurance will be the date the eligible loan is disbursed or, for an open-end loan account, the date the account is established and I (we) agree to pay the required insurance charge.

COVERAGE REQUESTED (*MONTHLY PREMIUM PER \$1,000.00 OF OUTSTANDING LOAN BALANCE.)

Single Life: 73¢* <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Life: \$1.15* <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Disability: \$1.29* <input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant's Signature _____ Date _____ Joint Applicant's Signature _____ Date _____

For Office Use Only App ID _____

MSUFCU Visa Credit Card Disclosure

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	8.9% to 17.9% based on your creditworthiness
APRs for Balance Transfers	0% introductory APR for six (6) months from date of account opening. Rate then reverts to standard rate (8.9% to 17.9%), based on your creditworthiness.
APRs for Cash Advances	8.9% to 17.9% based on your creditworthiness
Penalty APR and When It Applies	17.9% The Penalty APR is applied if your account becomes delinquent 60 days. How Long Will the Penalty APR Apply? The Penalty Annual Percentage Rate will apply indefinitely.
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.
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 http://www.consumerfinance.gov/learnmore

Fees	
Transaction Fees • International transaction and cash advance fees	1% for ATM transactions 3% for all other transactions calculated after the transaction has been converted to U.S. dollars
Penalty Fees • Late Payment	\$25 if the minimum payment due is \$25 or more; \$15 if the minimum payment due is \$15 to \$24.99; or \$0 if the minimum payment due is less than \$15.
Other Fees • Returned Convenience Check	\$25

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

Loss of Introductory APR: We may end your introductory APR and apply the Penalty APR if your account becomes delinquent 60 days.

The information about the cost of the card described in this application is accurate as of May 1, 2015. This information may have changed after that date. To find out what may have changed, visit www.msufcu.org.

