

# MECU MASTERCARD CLASSIC CREDIT CARD APPLICATION

If you are applying for joint credit, please indicate by placing your initials or signatures on the lines below, and complete both applicant and co-applicant information below:

We intend to apply for joint credit: \_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

I/We wish to apply for: <input type="checkbox"/> MasterCard Classic Limit Desired: \$ _____ \$500 min.	Please Increase my/our present credit limit to: \$ _____ (For Existing Cardholders Only) Credit Card Number: _____ <input type="checkbox"/> MasterCard Classic
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Share Account Number \_\_\_\_\_ (PLEASE PRINT OR TYPE IN BLACK OR BLUE INK) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

A P P L I C A N T	APPLICANT'S FULL NAME			BIRTH DATE	SOCIAL SECURITY NO.	HOME PHONE AREA CODE /	CELL PHONE AREA CODE /		
	ADDRESS				CITY	STATE	ZIP	TIME AT ADDRESS (YRS)	
	<input type="checkbox"/> BUY	<input type="checkbox"/> RENT	<input type="checkbox"/> OWN	MORTGAGE HOLDER OR LANDLORD	PURCHASE PRICE	HOME'S CURRENT VALUE	BALANCE DUE	MONTHLY PMT	
	PREVIOUS ADDRESS (IF LESS THAN 5 YEARS AT CURRENT ADDRESS)					DRIVER'S LICENSE NO.			
	NAME OF EMPLOYER			DATE HIRED	POSITION	BUSINESS PHONE NO. AREA CODE /	GROSS MONTHLY INCOME \$		
	PREVIOUS EMPLOYER NAME (IF LESS THAN 5 YEARS AT CURRENT EMPLOYER)				YEARS THERE	POSITION	COMPLETE FOR JOINT CREDIT, SECURED CREDIT <input type="checkbox"/> MARRIED OR IF YOU RESIDE IN A COMMUNITY PROPERTY <input type="checkbox"/> UNMARRIED STATE: (AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> SEPARATED		
	OTHER INCOME (INCOME FROM ALIMONY, CHILD SUPPORT AND SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT WANT US TO CONSIDER IT IN DETERMINING YOUR CREDITWORTHINESS.)				SOURCE	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE(S) HAVE YOU ANY LEGAL PROCEEDINGS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (NOT SPOUSE)					COMPLETE ADDRESS	PHONE NO. AREA CODE /	RELATIONSHIP	
	LIST ALL DEBTS—INSTALLMENT PAYMENTS, CREDIT CARDS, ETC. LOAN WILL BE REJECTED IF ALL DEBTS ARE NOT LISTED. IF INSUFFICIENT SPACE, ATTACH ADDITIONAL SHEET.								
	O U T S T A N D I N G  D E B T S	TO WHOM INDEBTED (if none check here) <input type="checkbox"/>					CREDIT LIMIT	PRESENT	MONTHLY
NAME		ADDRESS			CITY, STATE & ZIP CODE	(IF ANY)	BALANCE	PAYMENT	
						\$	\$	\$	
OTHER OBLIGATIONS (e.g., list alimony and child support paid per month)									
You are not required to disclose income from alimony, child support or separate maintenance. However, if you are relying on income from alimony, child support or separate maintenance as a basis for repayment of this obligation, please complete below.									
PAYER		AMOUNT	<input type="checkbox"/> ALIMONY		<input type="checkbox"/> SEPARATE	YEARS	CURRENT FOR LAST SIX MONTHS		
		\$	<input type="checkbox"/> CHILD SUPPORT		MAINTENANCE		<input type="checkbox"/> YES <input type="checkbox"/> NO		

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I/We hereby apply for a MasterCard Classic Line of Credit Loan. The above statements are submitted for the purpose of obtaining credit. I/We certify that they are true, complete and correct. I/We understand that the Credit Union will retain this application whether or not it is approved. You are authorized to check my/our credit and employment to verify any statements made herein. Each person signing this application agrees to be jointly and severally responsible for payment of the account. I/We are members of the Credit Union and by signing here, I/We understand that the use of my/our card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. I/We understand and agree that the closing of my/our Credit Union Share Account terminates my/our status as members of the Credit Union, and upon such closing I/We can no longer obtain credit with the Credit Union MasterCard Classic card.

How many cards would you like to be issued? \_\_\_\_\_ (NO CARD WILL BE ISSUED IN THE NAME OF A PERSON WHO HAS NOT SIGNED THIS APPLICATION. ALL CARDHOLDERS MUST BE MECU MEMBERS.)

1. \_\_\_\_\_  
 APPLICANT - PRINT NAME

X \_\_\_\_\_  
 SIGNATURE OF APPLICANT

2. \_\_\_\_\_  
 CO-APPLICANT - PRINT NAME

X \_\_\_\_\_  
 SIGNATURE OF CO-APPLICANT

DATE \_\_\_\_\_

FOR CREDIT UNION USE ONLY		
_____ , 20____		_____
by CREDIT COMMITTEE	APPROVED	DATE
CREDIT LIMIT: \$ _____		
<input type="checkbox"/> MasterCard Classic		

Remove Bottom Portion For your Records

Remove Bottom Portion For your Records

# Balance Transfer Form

Balances you have on high interest credit cards can be costing you much more than necessary. You can save money by transferring your current balances to your Michigan Educational Credit Union MasterCard Classic card. To transfer balances, complete the form below and return it with the attached application. We will handle the details for you! (PLEASE PRINT)

Card Issuer \_\_\_\_\_ Card Issuer \_\_\_\_\_

Payment Address \_\_\_\_\_ Payment Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

Amount to Pay \$ \_\_\_\_\_ Amount to Pay \$ \_\_\_\_\_

Total balance transfers cannot exceed your approved MasterCard Classic limit. Please allow at least two to three weeks for your other credit card(s) to be credited. You may still need to make a payment on your other credit card account(s) to keep it current, even if you transfer the total amount due. Michigan Educational Credit Union is not responsible for any additional charges or fees assessed by your other credit cards account(s), nor is it responsible for payments that are late or lost in the mail. Transfer of a balance which contains disputed charges may cause you to lose your rights with regard to those charges. **Balance transfers are treated as cash advances and will bear finance charges from the transaction date until paid.** Confirmation on any advance will be sent to you for your records. If you wish to do so, it is your responsibility to close out any of the above accounts, which would help you avoid any annual fees assessed to those accounts.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

## REMOVE HERE AND RETAIN FOR YOUR RECORDS

### MICHIGAN EDUCATIONAL CREDIT UNION MASTERCARD CLASSIC CREDIT DISCLOSURE

INTEREST RATES AND OTHER CHARGES	MasterCard Classic
Annual Percentage Rate (APR) for Purchases	<b>11.90%</b>
APR for Balance Transfers	<b>11.90%</b>
APR for Cash Advances	<b>11.90%</b>
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.
Minimum Interest Charge	None.
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 Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a>

FEES	
Set-up and Maintenance Fees • Annual Membership Fee	None
Transaction Fees • Foreign Transaction	1% of the converted U.S. dollar amount
Penalty Fees • Late Payment • Returned Payment Charge • Over-the-Credit Limit	Up to <b>\$20</b> None None
Other Fees • Damaged Card Replacement • Statement Copy • Draft Copy • PIN Replacement • Lost or Stolen Card Replacement	<b>\$2</b> to replace damaged card <b>\$1</b> per statement <b>\$1</b> per draft <b>\$2</b> No charge for first, second or third occurrence. <b>\$50</b> per occurrence beginning with fourth occurrence.

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

The information about the cards described in the above disclosures was accurate as of 01-01-11. The information may have changed after that date. To find out what may have changed, write us at 9200 Haggerty Road, Plymouth, Michigan 48170, or call us at (734) 455-9200.