HEALTHCARE SERVICES CREDIT UNION

APPLICATION FOR CREDIT CARD

Maximum Credit Limit $_____

☐ VISA CLASSIC ☐ VISA PLATINUM

NOTICE: The information below and on the reverse will be used to evaluate your credit request. If this will be a joint account the co-applicant must sign where indicated. Married persons may apply for an individual account. This account will be:

☐ INDIVIDUAL ACCOUNT ☐ JOINT ACCOUNT ☐ INDIVIDUAL ACCOUNT WITH AUTHORIZED USER

PLEASE PRINT PLEASE ANSWER ALL QUESTIONS

Applicant (Member)

Full Name		Social Security No.	Date of Birth	Cell Phone
Street Address City/State Zip		Years There	☐ Own ☐ Rent $_____	Home Phone
Previous Address - If less than two years at present address		Years There	☐ Own ☐ Rent $_____	Driver's License No.
Mailing Address - If Different			Email	
Present Employer		Position	Starting Date	Business Phone
Previous Employer Address		Position	Starting Date	Date of Separation
Name and Address of Nearest Realative Not Living With You		Gross Monthly Income $	For Security Purposes — What Is Your Mother's Maiden Name?	
(To be completed if you reside in a community property state - AK, AZ, CA, ID, LA, NM, NV, PR, TX, WA, WI - or if you are applying for joint credit) ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)				
Income from 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.				

Other Income

Other Income	Source	Monthly Income $

Complete this section if this will be a joint account, authorized user account, or if you are relying on income of another person in order to repay the credit. Other person must sign below.

Spouse / Joint Applicant

Full Name		Social Security No.	Date of Birth	Cell Phone
Street Address City/State Zip		Years There	☐ Own ☐ Rent $_____	Home Phone
Previous Address - If less than two years at present address		Years There	☐ Own ☐ Rent $_____	Driver's License No.
Mailing Address - If Different			Email	
Present Employer		Position	Starting Date	Business Phone
Previous Employer Address		Position	Starting Date	Date of Separation
Name and Address of Nearest Realative Not Living With You		Gross Monthly Income $	For Security Purposes — What Is Your Mother's Maiden Name?	
(To be completed if you reside in a community property state - AK, AZ, CA, ID, LA, NM, NV, PR, TX, WA, WI - or if you are applying for joint credit) ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)				
Income from 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.				

Other Income

Other Income	Source	Monthly Income $

AUTHORIZED USERS:
State the name and relationship to you of every person who will be authorized to use your card account. These individuals are authorized to make charges on your account but are not liable for payment.

Authorized User S.S.#_____ Date of Birth_____ Phone No._____

ADDITIONAL CARD FOR AUTHORIZED

USER:_____

AUTHORIZED USER NAME TO PUT ON THE CARD

READ THESE STATEMENTS BEFORE YOU SIGN

AS A CONDITION FOR THE APPROVAL OF THIS CREDIT CARD ACCOUNT, YOU GIVE US A SPECIFIC PLEDGE OF YOUR CREDIT UNION SHARE ACCOUNT AS SHOWN BELOW AS SECURITY FOR THE ACCOUNT. YOU ARE NOT GIVING US A SECURITY INTEREST IN ANY DEPOSIT ACCOUNT THAT WOULD HAVE ADVERSE TAX CONSEQUENCES IF PLEDGED AS SECURITY. YOU UNDERSTAND THAT YOU WILL NOT HAVE ACCESS TO PLEDGED AMOUNTS FOR AS LONG AS YOUR CREDIT ACCOUNT IS OPEN.

Share Acct. No. _____ **Amount Pledged $** _____

X_____ SIGNATURE OF APPLICANT DATE

X_____ SIGNATURE OF CO-APPLICANT DATE

All information that you have stated in this application is correct to the best of your knowledge. The Credit Union is authorized to check your credit, employment history, obtain a credit report and to answer questions about your credit experience with us. You authorize us to disclose information regarding your account as permitted and/or required by law or to effect, administer or enforce a transaction. You agree that once this application is submitted, it will become the property of Healthcare Services Credit Union whether or not the loan is approved. You understand that it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make false statements concerning any of the above facts as stated under the provisions of the United States Criminal Code. You shall be liable and agree to pay issuer for Card Purchases made by, or for Loans extended to, you or anyone else using such card unless the use of such card is by a person other than you (a) who does not have actual, implied or apparent authority for such use; and (b) from which you received no benefit. Additionally, you shall be jointly and severally liable and agree to pay for all Credit Purchases and Loans obtained through the use of any other Card bearing your account number that has been issued to another person by reason of such person being a member of your family, or otherwise issued upon Cardholder's request (all such Cards bearing the same credit card account number.) You acknowledge and agree that the Credit Union's VISA Department may terminate the agreement under the following conditions: 1. Under adverse re-evaluation of your credit worthiness; 2. Upon your failure to satisfy the terms of the agreement; 3. At your option or the Credit Union's option if it has good cause. If line of credit is to be terminated by the Credit Union, you shall receive written notice of such termination. However, you understand and acknowledge that such termination shall not affect your obligation to pay any outstanding balance.

By signing the Credit Card application, you realize that you are bound by the terms and conditions as set forth in Healthcare Services Credit Union's terms and conditions in effect, which will be furnished to you with your card. **Required rate disclosures are provided on the reverse.**

CAUTION: IT IS IMPORTANT THAT YOU THROUGHLY READ THIS CONTRACT BEFORE YOU SIGN IT.

X_____ SIGNATURE OF APPLICANT DATE

X_____ SIGNATURE OF CO-APPLICANT DATE

Healthcare Services Credit Union
Your Financial Health Rx

Credit Card Application

VISA

946 East Third Street
Chattanooga, TN 37403
(423) 242-4728

HEALTHCARE SERVICES CREDIT UNION

ANNUAL PERCENTAGE RATE for Purchases	VISA Platinum VISA Classic	8.99% 12.99%
ANNUAL PERCENTAGE RATE for Balance Transfers	VISA Platinum VISA Classic	8.99% 12.99%
ANNUAL PERCENTAGE RATE for Cash Advances	VISA Platinum VISA Classic	8.99% 12.99%
How To Avoid Paying Interest on Payments	Your due date is at least 25 days after the close of each billing cycle. We will 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 website of the Federal Reserve Board at: http://www.federalreserve.gov/creditcard	
FEES		
Annual Fee	**NONE**	
Documentation Fee	**$10.00**	
New or Replacement Card Fee	**$10.00**	
Card Recovery Fee	**$65.00**	
Emergency Cash or Card Replacement Fee (For Premium Cards Only)	**$45.00**	
1-800-VISA-911		
Transaction Fees		
Cash Advance Fee	**$2.00**	
Foreign Transaction	**1% of each transaction in U.S. dollars**	
Balance Transfer Fee	**$0.00**	
Penalty Fees		
Late Payment	**up to $25.00**	
Returned Payment Fee	**up to $25.00**	

How We Will Calculate Your Balance: We use a method called "Average Daily Balance (including new purchases)". See your account agreement for more details.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your Account agreement.

The information about the costs of the card as described in the application is accurate as of July, 2010. The information may have changed after that date.

CREDIT UNION USE ONLY

Credit Card Limit $ | Approved on | No. of Cards Issued:

SPECIFIC REASON (S) FOR REJECTION

OUTSIDE INFORMATION CONSIDERED? ☐ YES ☐ NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

COMMENTS:

LOAN OFFICER SIGNATURE:

X

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON: (DATE) BY (INITIALS)

TRANSFER OF BALANCES FROM OTHER LENDER(S):

Balances owed on other credit card accounts, department stores or other financial institutions may be transferred to your Healthcare Services Credit Union card account. Please transfer my existing balance(s) as instructed below to my new Healthcare Services Credit Union credit card account. Healthcare Services Credit Union will pay the amount(s) indicated below upon approval, however some additional finance charges and account purchases may accrue on your old account(s) during the process. Please continue to maintain payments on these account while we are processing your balance transfer requests. All transfer requests will be made in the priority as requested below up to my available credit limit.

A Copy of the Most Recent Statement is Required

LENDER NAME AND ADDRESS	ACCOUNT NO.	EXACT AMOUNT TO BE PAID (Do not write "all" or "in full")

Please list any additional requests on an attached sheet.

Healthcare Services Credit Union may advance the total amount indicated above (not to exceed 90% of my Healthcare Services Credit Union VISA limit) from my credit card account(s) indicated above to my Healthcare Services Credit Union card account. If the request for payment(s) exceeds 90 percent of my credit limit, I understand that Healthcare Services Credit Union reserves the right to pay all or part of the balance(s) above. I also understand that this payment will not close my non-Healthcare Services Credit Union credit card account(s), and I need to notify the credit card company to return my credit cards(s).

I authorize you to charge my Healthcare Services Credit Union credit card account for the total amounts indicated above. I understand you will advise me if you are unable to process this payment request for any reason. I also understand that Healthcare Services Credit Union cannot close my account(s) with other lenders and is not responsible for any additional charges billed to me on any account listed above or on an attached sheet.

PRIMARY CARDHOLDER _____ JOINT CARDHOLDER _____ DATE _____