

**STATE COLLEGE  
FEDERAL CREDIT UNION**  
724B South Atherton St.  
State College, PA 16801  
814-234-0252  
Fax: 814-234-1665  
www.statecollegefcu.com

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 800-322-8472.



**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			
NAME (Last - First - Initial)		ACCOUNT NUMBER	
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS			
BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE/ EXT.
( )	( )	( )	( )
PRESENT ADDRESS (Street - City - State - Zip)			<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:			
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)			
Employment/Income			START DATE
NAME AND ADDRESS OF EMPLOYER			START DATE
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	
\$ _____ PER _____	\$ _____ PER _____		
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE		

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

**X** \_\_\_\_\_  
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**Signatures**

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 crime to willfully and deliberately provide incomplete or incorrect information in this application.

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.

**X** \_\_\_\_\_ (SEAL) \_\_\_\_\_ DATE  
APPLICANT'S SIGNATURE

**X** \_\_\_\_\_ (SEAL) \_\_\_\_\_ DATE  
OTHER SIGNATURE

FOR CREDIT UNION USE ONLY  APPROVED  DECLINED NO. OF CARDS \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_  
CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE

- Detach and Retain Disclosure for Your Records -

STAT FEDE 724B State 814-234-0252 Fax: 814-234-1665 www.statecollegefcu.com

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**VISA CLASSIC**  
**Application and Solicitation Disclosure**

*The Credit Union Difference*

<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>9.90%</b>
<b>APR for Balance Transfers</b>	9.90%
<b>APR for Cash Advances</b>	9.90%
<b>How to Avoid Paying Interest on Purchases</b>	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.
<b>Minimum Interest Charge</b>	None
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .
<b>Fees</b>	
<b>Annual Fee</b> - Annual Fee	None
<b>Transaction Fees</b> - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee - Transaction Fee for Purchases	None \$1.00 1.00% of each multiple currency transaction in U.S. dollars 0.80% of each single currency transaction in U.S. dollars None
<b>Penalty Fees</b> - Late Payment Fee - Returned Payment Fee	Up to \$20.00 Up to \$25.00

**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 August 1, 2013. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**OTHER DISCLOSURES**

- Late Payment Fee \$20.00 or the amount of the required minimum payment, whichever is less, if you are five (5) or more days late in making a payment.
- Returned Payment Fee \$25.00 or the amount of the required minimum payment, whichever is less.
- Document Copy Fee \$12.00
- Emergency Card Replacement Fee \$150.00
- Card Recovery Fee \$65.00
- Pay-by-Phone Fee \$10.00

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