

NON-VARIABLE RATE. NO ANNUAL FEE. NO BALANCE TRANSFER FEE.

# Apply Today!



FOR EVERYDAY LIFE THE VISA



Annual Percentage Rate for Purchases	Annual Percentage Rate for Cash Advances and Balance Transfers	Grace Period for Repayment of the Balance for Purchases	Method of Computing the Balance for Purchases and Cash Advances	Minimum Finance Charge	Transaction Fee for Purchases	Annual Fee
Platinum Visa - <b>7.0%*</b>	Platinum Visa - <b>7.0%*</b>	25 Days	Average Daily Balance	None	None	None
Classic Visa - <b>8.5%*</b>	Classic Visa - <b>8.5%*</b>					
Other Fees -- NSF/Returned Check Fee: \$25		Late Payment Fee: \$25		Cash Advance Fee: None		Balance Transfer Fee: None

\* Rates are based on the credit worthiness of the applicant and are subject to change.

**Additional Finance Charges**

A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statements for the previous billing cycle within 25 days of the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date.

A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is posted.

The information about the costs of the card described in this application is accurate as of 02/2010. This information may have changed after that date. To find out what may have changed, call (706) 793-0012.

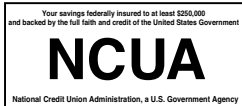
For Credit Union Use Only

Approved Credit Limit \$ \_\_\_\_\_ APR \_\_\_\_\_ %

Declined \_\_\_\_\_  
Credit Committee or Loan Officer Signature



Building 36305  
Fort Gordon, GA 30905  
Ph: (706) 793-0012  
Fax: (706) 793-1401  
www.fgfcu.org



# PLATINUM Visa® Credit Card

Account Choice

PLATINUM VISA® Credit Card

You request Additional Card(s) in the name of: \_\_\_\_\_

## **Applicant**

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

Mortgage/Rent Payment \$ \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Limit Request \$ \_\_\_\_\_ You must have verifiable income.

## **Co-Applicant**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

**READ THIS STATEMENT BEFORE SIGNING.** By returning this application to the Credit Union, I/we promise that everything stated herein is correct to the best of my/our knowledge and that I/we authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. I/we understand that the Credit Union will rely on both the representations I/we make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested. I/we agree to immediately notify you of changes to any of the information provided in this application. I/we agree that my/our account will be subject to the terms and conditions of all applicable Agreement and Disclosure Statement that will accompany my Card(s) when issued; and that a photocopy or facsimile of this application shall be as binding as the original.

Authorized User/Card. I/we also request that an additional card be issued in the name of the Borrower for use by the authorized user identified below. The undersigned specifically acknowledge their responsibility for all purchases and/or cash advances made by the Authorized User or anyone the Authorized User allows to use any card(s) issued in connection with your credit card account. The Authorized User acknowledges his or her responsibility for all purchases and cash advances they make or authorize.

Applicant's Signature
Date
Co-Applicant's Signature
Date
Authorized User -- Print Name(s)

**SECURITY AGREEMENT AND PLEDGE.** By signing this application, acceptance or authorized use of any credit card(s) issued, I/we pledge our shares per any other agreements with the Credit Union to secure payment of my/our obligations on this account. Shares mean all deposits in any share savings, share draft, club, or other account(s), whether jointly or individually held, all of which are deemed "general deposits," for the purpose of your pledge. Additional Security: I/we understand that collateral securing other loans will secure this account; and that property purchased with my/our credit card(s) will also secure this account.

## **Balance Transfer Option**

Complete one transfer request for each credit card balance you would like to pay off. Please attach the payment coupon from your recent statement, showing remittance address and account number. The total value of the transfer requests cannot exceed your credit line. The accounts from which you transfer the entire balance will not be automatically closed after the transfer is complete. It is your responsibility to close the account(s), if you choose.

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

Credit Issuer \_\_\_\_\_

Issuer Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Amount to be transferred \$ \_\_\_\_\_

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

Credit Issuer \_\_\_\_\_

Issuer Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Amount to be transferred \$ \_\_\_\_\_

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

Credit Issuer \_\_\_\_\_

Issuer Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Amount to be transferred \$ \_\_\_\_\_