

CREDIT CARD APPLICATION

for:

- VISA Classic VISA Platinum
 VISA Gold VISA Premier

**ATTACH TWO
CURRENT
PAYSTUBS**

CREDIT LIMIT REQUESTED \$ _____

APPLICANT				APPLICANT															
LAST NAME		FIRST NAME		M.I.		LAST NAME		FIRST NAME		M.I.									
Social Security No.			Date of Birth		Home Phone No. ()		Social Security No.			Date of Birth		Home Phone No. ()							
Street Address		City		State		ZIP		How Long		Street Address		City		State		ZIP		How Long	
<input type="checkbox"/> Own		<input type="checkbox"/> Rent		<input type="checkbox"/> Other		Monthly Payment \$													
Previous Address				City		State		ZIP		Previous Address				City		State		ZIP	
Employer		Telephone No.		How Long (yrs)				Employer		Telephone No.		How Long (yrs)							
Position/Occupation		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone						Position/Occupation		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone					
Monthly Gross Income \$																			
Source of Additional Income*						Amount per Month													
Nearest Relative (not living with you)						Relationship													
Address		Phone No.		Address						Phone No.									
Other Reference																			
Address		Phone No.		Address						Phone No.									

* You need not furnish alimony, child support or maintenance income if you do not want us to consider it in evaluating your application

OUTSTANDING DEBTS AND ASSET INFORMATION	Please list all loans or debts owing including alimony, child support, maintenance payments and any obligations that you might be a guarantor or endorser for. (Attach additional sheets if necessary)	ARE YOU A COMAKER ON ANY OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ASSET INFORMATION — ADDRESS (CREDIT UNIONS, BANKS)	CHECKING ACCOUNT #	BALANCE	SAVINGS ACCOUNT #	BALANCE
(1)		\$		\$
(2)		\$		\$

LIST OF LIABILITIES IN THE NAME OF					
CREDITOR NAME	ACCOUNT NUMBER	CREDIT LIMIT	CURRENT BALANCE	MONTHLY PAYMENT	

CREDIT DISCLOSURES			
Annual Percentage Rate (APR) for Purchases	Classic - 13.00%	Method of Computing Balance for Purchases	Grace Period For Purchases
	Gold - 11.50%	Average Daily Balance Including New Purchases	28 Days*
Annual Percentage Rate (APR) for Balance Transfers And Cash Advances	Platinum - 8.50%	*A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the previous billing cycle within 28 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your previous monthly statement within that 28-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, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 28 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balance during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received or credits as posted to your account, but excluding any unpaid finance charges. A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue until the date of payment. **Calculated after the transaction has been converted to U.S. dollars.	
	Premier - 6.99%		
Returned Check Fee	\$20.00		
	None		
Annual Membership Fee	None		
Late Payment Fee	\$15.00		
Over the Limit Fee	None		
Cash Advance Fee	None		
Balance Transfer Fee	None		
Transaction Fee	1% of the converted transaction amount for International transactions**		

**Calculated after the transaction has been converted to U.S. dollars

DEBT PROTECTION REQUEST
 Debt Protection is available upon request on all card products. In most cases debt protection includes disability, involuntary unemployment, and death. Full disclosure and fee schedule available.

SIGNATURES
 PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the cardholder agreement. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. Disclosures only mailed upon approval. The credit union may transfer from any deposit account to your Visa account if you are delinquent or otherwise in default. In addition, collateral securing your other loans with the Credit Union will also secure credit extended under this agreement. If you withdraw all your shares, you are no longer a member of the Credit Union, and you may not receive any more advances under this agreement.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

REQUEST FOR AUTOMATIC MONTHLY PAYMENTS
 I would like to have monthly payments on this credit card account paid from my checking or savings account listed below. I authorize you to initiate an automatic monthly payment on the Payment Due Date beginning with my second monthly statement for the following amount (check one): Minimum Payment Due Entire Amount of the Last Statement Balance; or Fixed Monthly Payment Amount (if selected, fill in monthly payment amount: \$) _____. You can stop payment at any time by notifying us in writing at least three (3) business days before any scheduled payment. Detailed provisions regarding preauthorized payments are stated in the Cardholder Agreement you receive with your card.

Account Number _____ Savings _____ Checking _____ Signature _____ Date _____

Other Benefits of our VISA cards include:

- ◆ Emergency Card Replacement
- ◆ Emergency Cash Disbursement
- ◆ Lost/Stolen Card Reporting
- ◆ Auto Rental Collision Damage Waiver*
- ◆ Cardholder Inquiry Service



For more detailed information call;
1-800-348-8472

*Disclosure sent upon approval.
Cost statement: "There are costs associated with the use of a credit card. To obtain information about these costs, call us 1-800-655-6508

or write to us at the address stated on this application."

BONUS POINT PROGRAM

Earn Bonus Points redeemable for FREE Gift and Travel Awards! Simply use your Besser Credit Union credit card* and start earning today! Bonus Points are reported on your monthly card statement.

- ◆ Earn one bonus point for every dollar spent
- ◆ Any points earned beyond three (3) years will expire on December 31st
- ◆ Ask for a brochure for gifts
- ◆ Visit www.scorecardrewards.com for more available merchandise
- ◆ Call 1-800-854-0790
- ◆ To find out more details, ask one of our friendly representatives!



*Not available with our VISA Premier Card
*This disclosure is accurate as of February 1, 2014 and may be subject to change.

BALANCE TRANSFER FORM

If you wish Besser Credit Union (BCU) to pay all or part of an existing balance(s) on a credit/charge card(s) please fill out the following information.

Name _____

BCU Account # _____

I hereby authorize BCU to pay all or part of the balance(s) due for the following credit/charge card(s) by means of a CASH ADVANCE charged to my BCU Visa card.

1. _____
Name of Card Issuer (Chase, Cabela's, etc.)

Account # _____ Amount to be paid _____

Address _____

City _____ State _____ Zip _____

2. _____
Name of Card Issuer (Chase, Cabela's, etc.)

Account # _____ Amount to be paid _____

Address _____

City _____ State _____ Zip _____
(Please enclose additional sheets if necessary)

I understand that BCU is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not pay off the total balance due. I further understand that if there is an insufficient limit on my BCU credit card, that you (BCU) will pay off my balances in the order listed.

X _____
Member's Signature _____ Date _____

X _____
Joint Applicant's Signature _____ Date _____

APPLICATION

Take Advantage
of our
VISA CLASSIC
VISA GOLD
VISA PLATINUM
VISA PREMIER
CARDS
Today!



1381 N. Bagley St. *PO Box 395*
Alpena, MI 49707
989-356-1880
Www.Bessercu.com

Your Savings Federally Insured to at least \$250,000 and backed by full faith and credit of the United States Government
NCUA
National Credit Union Administration
a U.S. Government Agency