

# CREDIT APPLICATION

# Visa Platinum

Check Account Choice:  Individual Account  
 Joint Account  
 Credit Limit Increase

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

## APPLICANT

Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Monthly Payment \$	
Current Address	City	State	Zip Code	Zip Code	Zip Code	How Long (yrs)	
Mailing Address (if different from above)	City	State	Zip Code	Zip Code	Zip Code	How Long (yrs)	
Previous Address (if less than 2 years at present address)	City	State	Zip Code	Zip Code	Zip Code	How Long (yrs)	
Employer Address	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Position / Occupation		Date Employed	Monthly Gross Income \$	
Name and Address of Previous Employer (if less than 2 years at present employer)							
Source of Additional Income: income from alimony, child support, or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.							
Nearest Relative (Not Living With You)							
Their Address		City	State	Zip Code	Home Phone	Relationship	Amount per Month \$

## CO - APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Monthly Payment \$	
Current Address	City	State	Zip Code	Zip Code	Zip Code	How Long (yrs)	
Previous Address (if less than 2 years at present address)	City	State	Zip Code	Zip Code	Zip Code	How Long (yrs)	
Employer Address	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Position / Occupation		Date Employed	Monthly Gross Income \$	

## CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Name and Address of Creditor	Name Under Which Account is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			\$	\$
2. Bank Credit Card /Bank Name and Address			\$	\$

## CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	<b>7.25% to 13.25%*</b>
Other APR's	Cash Advance and Balance Transfer APRs: 7.25% to 13.25%*
Variable-Rate Information	Your APR may vary. The rate is determined monthly by adding 0 to 6 percentage points to the Wall Street Journal Prime Rate*
Grace Period for repayment of balances for purchases	25 Days
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	None
Balance Transfer Fee	None
Late Payment Fee	\$30.00**
Over-the-Credit-Limit Fee	\$20.00 Fee applies when balance is 10% or more over the limit.

\*The Annual Percentage Rate (APR) for your Card is based on certain credit-worthiness criteria. The APR for Purchases and Cash Advances is variable and subject to change on the first day of each Billing Cycle. Rates will be determined by adding a margin of 0 to 6 percentage points to the Prime Rate published in the Wall Street Journal "Money Rates" table on the third Tuesday of each month. The APR will never be less than 5% or greater than 18%. Any increase in the APR will take the form of additional payments shown as Total Minimum Payments on the statements. If the index is no longer available, the Credit Union will choose a new index which is based on comparable information. \*\*If the minimum required payment is not received within 5 days after the closing date subsequent to the payment due date, a late payment fee of \$30.00 will be imposed.

The information about the costs of the card described in this application is accurate as of January 2006. This information may have changed after that date. To find out what may have changed, write us at 240 Briarwood Drive, Jackson, MS 39206-3027.

## SECURITY AGREEMENT AUTHORIZATION (Your application will not be processed unless this section is completed)

I understand that a security interest is a condition for a credit card account at the Magnolia Federal Credit Union, and I give you a security interest in all funds now and hereafter in the individual and joint accounts listed below (except any IRA account). I authorize you to apply the balance in these account(s) to pay any amounts due under this agreement if I should default.

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

## CREDIT INSURANCE APPLICATION/SCHEDULE

Coverage is underwritten by CUNA Mutual Insurance Society, Madison, WI 53701-0391. Phone 800-937-2644. "You" or "your" means the member and the joint insured (if applicable). A co-signer is not eligible for joint coverage. **Credit insurance is voluntary and not required in order to obtain this loan.** You may select any insurer of your choice. You can get this insurance only if you check "yes" below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that if you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month. You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work. You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

<b>Credit Insurance Schedule</b>	<b>Cost Disclosure</b>
Maximum Monthly Total Disability Benefit: \$600	Credit Life rate per \$100 of the monthly loan balance is: \$0.70 for Single Coverage, \$.112 for Joint Coverage
Maximum Insurable Balance Per Loan Account - Life: \$30,000	Credit Disability rate per \$100 of the Monthly Loan Balance is: \$.300 for Single Coverage, \$.570 for Joint Coverage
Maximum Age For Insurance - Life: 70	<b>Covered Member</b>
Disability: 66	Single Credit Life <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are totally disabled for more than 30 days, then the Disability Benefit will begin with the 1st day of disability.</i>	Joint Credit Life <input type="checkbox"/> Yes <input type="checkbox"/> No
	Joint Credit Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
	Joint Credit Disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Member (Be sure to check one of the boxes above.) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Joint Insured (Co-Borrower) \_\_\_\_\_ Date \_\_\_\_\_

## SIGNATURE(S)

**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, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_