



Marquette Community
Federal Credit Union

1230 W. Washington St.
Marquette, MI 49855
Phone: 906-228-9850

There are costs associated with the use of a credit card. Information about costs, rates, and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at (906) 228-9850 or writing to us at the address stated on this application.

VISA

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 appropriate section below. If Co-Applicant is spouse of the Applicant, mark the Co-Applicant box.

Credit Card Account: Individual Joint

If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Signature X	Date	Co-Applicant Signature X	Date
(Seal)		(Seal)	

Credit Limit Requested \$

If Authorized User, Name:

PAYMENT PROTECTION

Are you interested in having your loan protected? YES NO

If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT				OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER			ACCOUNT NUMBER	SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER		
BIRTH DATE	EMAIL ADDRESS			BIRTH DATE	EMAIL ADDRESS		
HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.		HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.	
DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS			DRIVER'S LICENSE NUMBER/STATE	AGES OF DEPENDENTS		
PRESENT ADDRESS (Street - City - State - Zip)				PRESENT ADDRESS (Street - City - State - Zip)			
<input type="checkbox"/> OWN <input type="checkbox"/> RENT				<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
LENGTH AT RESIDENCE				LENGTH AT RESIDENCE			
PREVIOUS ADDRESS (Street - City - State - Zip)				PREVIOUS ADDRESS (Street - City - State - Zip)			
<input type="checkbox"/> OWN <input type="checkbox"/> RENT				<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
LENGTH AT RESIDENCE				LENGTH AT RESIDENCE			
MORTGAGE/RENT OWED TO				MORTGAGE/RENT OWED TO			
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE		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)				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				EMPLOYMENT/INCOME			
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK				EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK			
START DATE				START DATE			
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME PER	OTHER INCOME PER		EMPLOYMENT INCOME PER		OTHER INCOME PER		
\$	\$		\$		\$		
TITLE/GRADE	SOURCE		TITLE/GRADE	SOURCE			
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS				PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS			
STARTING DATE	ENDING DATE			STARTING DATE	ENDING DATE		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE				WHERE			
				ENDING/SEPARATION DATE			

REFERENCE				REFERENCE			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			
RELATIONSHIP		HOME PHONE		RELATIONSHIP		HOME PHONE	

CREDIT UNION USE ONLY			
DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED (Adverse Action Notice Sent)	CREDIT CARD LIMIT	CREDIT CARD NUMBER
		\$	
DEBT RATIO/SCORE: BEFORE		AFTER	
LOAN OFFICER COMMENTS:			

Credit Committee or Loan Officer Signatures X	Date	Credit Committee or Loan Officer Signatures X	Date
(Seal)		(Seal)	

CONTINUED ON REVERSE SIDE

CREDIT CARD APPLICATION (continued)

WHAT YOU OWE

DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
<input type="checkbox"/> RENT		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

WHAT YOU OWN

ASSET DESCRIPTION	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	APPLICANT	OTHER
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION ABOUT YOU	IF YOU ANSWER "YES" (BY CHECKING THE BOX) TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST SEVEN YEARS, OR BEEN A PARTY IN A LAWSUIT?		<input type="checkbox"/>	<input type="checkbox"/>
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?		<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan): TO WHOM (Name of Creditor):		<input type="checkbox"/>	<input type="checkbox"/>

STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

Notice to Ohio Residents: 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.

Notice to Wisconsin Residents: (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.

Signature for Wisconsin Residents Only _____ Date _____
 (Seal)

CREDIT CARD CONSENSUAL SECURITY INTEREST

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. Shares and deposits in an IRA or 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. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest.

Consensual Security Interest Acknowledgement and Agreement <input checked="" type="checkbox"/> (Seal)	Date	Consensual Security Interest Acknowledgement and Agreement <input checked="" type="checkbox"/> (Seal)	Date
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SIGNATURES

By signing or otherwise authenticating below:

- You promise that everything you have stated in this application is correct to the best of your knowledge, and that the above information is a complete listing of what you owe. 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 and for other accounts, products, or services we may offer you or for which you may qualify. 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.
- You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature _____ Date _____
 (Seal)

Other Signature _____ Date _____
 (Seal)

CREDIT CARD APPLICATION (continued)

WHAT YOU OWE

DEBT	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		%	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

WHAT YOU OWN

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			APPLICANT	OTHER		
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>

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 (Seal)

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 (Seal)

Consensual Security Interest Acknowledgement and Agreement _____ Date _____
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Applicant's Signature _____ Date _____
 (Seal)

Other Signature _____ Date _____
 (Seal)



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APPLICATION AND
SOLICITATION
DISCLOSURE



VISA

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	Visa Platinum 8.49% Visa Classic 12.99%
APR for Balance Transfers	Visa Platinum 8.49% Visa Classic 12.99%
APR for Cash Advances	Visa Platinum 8.49% Visa Classic 12.99%
How to Avoid Paying Interest on Purchases	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.
For Credit Card Tips from the Consumer Financial Protection Bureau	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 http://www.consumerfinance.gov/learnmore.
Fees	
Transaction Fees - Foreign Transaction Fee	1.00% of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$15.00 Up to \$5.00

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 30, 2023
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

Other Fees & Disclosures:

Late Payment Fee:

\$15.00 or the amount of the required minimum payment, whichever is less, if you are one or more days late in making a payment.

Returned Payment Fee:

\$5.00 or the amount of the required minimum payment, whichever is less.

Card Replacement Fee:

\$10.00.

Document Copy Fee:

\$1.00 per document.

Statement Copy Fee:

\$1.00 per document.



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OVER-THE-CREDIT LIMIT COVERAGE CONSENT

YOUR RIGHT TO REQUEST OVER-THE-CREDIT LIMIT COVERAGE

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage.

If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of up to \$ _____.

You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.

Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit.

If you want over-the-credit coverage and allow us to authorize transactions that go over your credit limit, please:

- Call us at _____; or
- Check or initial the box below, and return the entire document to us at:
Marquette Community Federal Credit Union

CONSENT FORM FOR OVER-THE-CREDIT LIMIT TRANSACTIONS

ADD COVERAGE

I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of up to \$ _____ I have the right to cancel this coverage at any time.

REMOVE COVERAGE

I do not want over-the-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.

Name(s) on Account: _____

Member No: _____ Credit Card Account No: _____

AUTHORIZATION

If there are multiple owners on the Credit Card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the over-the-credit limit coverage.

By signing below, you agree to the terms of the over-the-credit limit coverage. If you selected "Add Coverage," you authorize the Credit Union to accept transactions that exceed your credit limit. You understand that if you go over your credit limit, you will be charged a fee. If you selected "Remove Coverage," you understand that the Credit Union may deny any credit card transactions that go over your credit limit. You further understand that this coverage will not go into effect or be removed, based on your selection above, until the Credit Union receives this Consent document from you.

Member/Owner Signature	Date
X	

Joint Owner Signature	Date
X	

CREDIT UNION COVERAGE ACKNOWLEDGMENT

Signature of Credit Union Employee	Date
X	

EFFECTIVE DATE: _____

- Coverage added
 Coverage removed