

## Balance Transfer Form

If you wish Marquette Community Federal Credit Union (MCFCU) to pay off an existing balance(s) on a credit/charge card(s), please fill out the following information.

Name \_\_\_\_\_

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

I hereby authorize MCFCU 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 MCFCU Visa card.

1. \_\_\_\_\_  
Name of Card Issuer (Citibank, Macy's, etc.)

Account # \_\_\_\_\_ Amount to be paid \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. \_\_\_\_\_  
Name of Card Issuer (Citibank, Macy's, etc.)

Account # \_\_\_\_\_ Amount to be paid \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(Please enclose additional sheets if necessary)

I understand that MCFCU 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 MCFCU credit card, that you (MCFCU) will pay off my balances in the order listed.

x \_\_\_\_\_  
Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

x \_\_\_\_\_  
Joint Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Marquette  
Community**  
Federal Credit Union

Serving Our Membership Family Since 1952

Also offering:

- Auto Loans
- Home Mortgages
- Home Equity Loans
- Personal Loans
- ATV Loans
- RV Loans

If you need money for anything, just ask one of our loan officers. We are here to serve our members!

### Marquette Office

Lobby: Monday thru Thursday 9-5 • Friday 9-6 • Saturday 9-12

Drive Thru: Wednesday thru Thursday 8-5:30  
Friday 8-6 • Saturday 9-12

### Harvey Branch

Lobby: Monday thru Thursday 9-6 • Saturday 9-12

**Marquette Office** 1230 W. Washington Street  
Marquette, MI 49855  
Phone: (906) 228-9850  
Fax: (906) 228-7662

**Harvey Branch** 5096 US Highway 41 S.  
Marquette, MI 49855  
Fax: (906) 249-9670

[www.marquettecomm.org](http://www.marquettecomm.org)

# VISA

## APPLICATION

CLASSIC • PLATINUM PREFERRED



**Marquette  
Community**  
Federal Credit Union

**Marquette Office** 1230 W. Washington Street  
Marquette, MI 49855  
**Harvey Branch** 5096 US Highway 41 S.  
Marquette, MI 49855



## Card Comparison

Card Features	Platinum Preferred	Visa Classic
Zero Liability	✓	✓
Credit Life & Disability Insurance Available	✓	✓
UChoose <sup>SM</sup> Reward Points for Purchases	✓	



Interest Rates and Interest Charges	Classic	Platinum Preferred
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>12.99%</b>	<b>8.49%</b>
<b>APR for Balance Transfers</b>	<b>12.99%</b>	<b>8.49%</b>
<b>APR for Cash Advances</b>	<b>12.99%</b>	<b>8.49%</b>
<b>Penalty APR and When It Applies</b>	<b>None</b>	
<b>Paying Interest</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.	
<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> .	

Fees	Classic	Platinum Preferred
<b>Annual Fee</b>	<b>None</b>	<b>None</b>
<b>Transaction Fees</b>		
• Balance Transfer	None	None
• Cash Advance	None	None
• Foreign Transaction	<b>1%</b> of each transaction in U.S. dollars.	<b>1%</b> of each transaction in U.S. dollars.
<b>Penalty Fees</b>		
• Late Payment	Up to <b>\$15</b>	Up to <b>\$15</b>
• Over-the-Credit Limit	Up to <b>\$15</b>	None
• Returned Payment	Up to <b>\$5</b>	Up to <b>\$5</b>

**How We Calculate Your Balance:** We use a method called "average daily balance (including new purchases)." See your Credit Card Agreement and Disclosures for more details.

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your Credit Card Agreement and Disclosures.

This information was printed in November 2017, and was accurate as of that date. This information is subject to change after it was printed. You should contact us for any change in this information since it was printed. You may write us at 1230 W. Washington, Marquette, MI 49855 for this purpose.





NOTICE: Married applicants may apply for individual credit.

Check the box indicating the type of credit you are applying for:

Individual Credit:

1) Complete applicant section if you are relying only on your own income and assets to establish credit.

2) Complete other applicant section providing information about your spouse or former spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if you are relying on alimony, child support or separate maintenance payments to establish credit.

Joint Credit:

1) Complete applicant and co-applicant section providing information about you and the other party.

2) Each joint applicant must sign below.

Member Account Number \_\_\_\_\_

Requested Credit Limit \_\_\_\_\_

We intend to apply for joint credit: (Applicant)  (Co-Applicant)

(Co-Applicant)

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.

If you are applying for credit in your name only, do not complete portion on co-applicant. Check One  Co-Applicant (Joint)  Authorized Users

APPLICANT NAME				CO-APPLICANT NAME			
HOME ADDRESS (STREET & NO.)				HOME ADDRESS (STREET & NO.)			
CITY-STATE-ZIP				CITY-STATE-ZIP			
PREVIOUS HOME ADDRESS				PREVIOUS HOME ADDRESS			
HOME PHONE NO.		BIRTH DATE		NO. OF DEPENDENTS		AGES	
HOME PHONE NO.		BIRTH DATE		RELATIONSHIP TO APPLICANT			
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. AND STATE				SOCIAL SECURITY NO.	
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. AND STATE				SOCIAL SECURITY NO.	
MOTHER'S MAIDEN NAME				MOTHER'S MAIDEN NAME			
BUSINESS PHONE NO.		GROSS MONTHLY INCOME \$		NET MONTHLY PAY \$		BUSINESS PHONE NO.	
BUSINESS PHONE NO.		GROSS MONTHLY INCOME \$		NET MONTHLY PAY \$		BUSINESS PHONE NO.	
EMPLOYER		POSITION		HOW LONG?		EMPLOYER	
EMPLOYER		POSITION		HOW LONG?		EMPLOYER	
BUSINESS ADDRESS				BUSINESS ADDRESS			
BUSINESS ADDRESS				BUSINESS ADDRESS			

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		Alimony, child support, or separate maintenance received under: court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding <input type="checkbox"/>	
Other income: \$ _____ per _____. Source(s) of other income: _____		Other income: \$ _____ per _____. Source(s) of other income: _____	
Is any income listed in this Section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet.) <input type="checkbox"/> No		Is any income listed in this Section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet.) <input type="checkbox"/> No	

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

MORTGAGEE OR LANDLORD	PAYMENT ADDRESS	APPROX. MARKET VALUE	ORIGINAL AMOUNT	BALANCE DUE	MO. PMT./RENT
NAME AND ADDRESS (OTHER DEBTS)	ACCOUNT NUMBER	\$	\$	\$	\$
AUTO OWNED - MAKE	FINANCED BY	\$	\$	\$	\$
Other Obligations - (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)		\$	\$	\$	\$
CHECKING/SHARE DRAFT ACCT. NO.	LOCATION	SAVINGS ACCOUNT NO.	LOCATION		

CREDIT INSURANCE: Credit insurance is available for a nominal cost for this loan. If you are interested in credit insurance please check below:

Credit Disability  Yes  No      Single Credit Life  Yes  No      Joint Credit Life  Yes  No

NAME OF (2) REFERENCES NOT LIVING WITH YOU	ADDRESS (CITY-STATE-ZIP)	RELATIONSHIP
1)		
2)		
Are you a co-borrower, co-signer, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" for whom? To whom?
Are there any unsatisfied judgements against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No      Amount \$	If "yes" to whom owed?
Have you ever had a car or other personal property repossessed by a creditor, filed for bankruptcy, or been a party to a wage assignment or collection suit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer to any part of the question is yes, please give details.		

COMPLETE THE FOLLOWING ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON OR WISCONSIN); OR IF ANOTHER PERSON WILL BE JOINTLY LIABLE ON THE ACCOUNT.  Married  Separated  Unmarried

**CONSENT TO 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 \$15.00. 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-limit coverage and to allow us to authorize transactions that go over your credit limit, please: Call us at (906) 228-9850; Visit [www.marquettecomm.org](http://www.marquettecomm.org); or Check or initial the box below, and return the form to us at 1290 W. Washington Street, Marquette, MI 49855.

I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of \$15.00. [I have the right to cancel this coverage at any time.]

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

PRINTED NAME	DATE	ACCOUNT NUMBER
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This statement is submitted to obtain credit and I (We) certify that all information herein is true and complete. I (We) also authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my (our) credit standing. If this application is approved and a Visa card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the Visa card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the Visa card(s) and all amendments. My (our) signature(s) represent(s) acknowledgement of receipt and agreement to the terms and conditions of the Visa Credit Card Agreement and Disclosures.

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

By signing this contract, you agree that this Credit Union has a security interest, pledge, in all present or future shares and deposits with us. To the extent in which you have a right to withdraw those sums for your personal use, the Credit Union may transfer from any deposit account to your Visa account if you are delinquent or otherwise in default. 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'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X		X	

**FOR CREDIT UNION USE ONLY**

VISA ACCOUNT NO. \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_

CLASSIC  PLATINUM  PREFERRED

APPROVED  NOT APPROVED

LOAN COMMITTEE OR LOAN OFFICER \_\_\_\_\_

DATE \_\_\_\_\_



# MARQUETTE COMMUNITY FEDERAL CREDIT UNION CREDIT CARD AGREEMENT AND DISCLOSURES

In this Agreement the words "you" and "your" mean each and all of those who agree to be bound by this Agreement; "Card" means a Visa credit card and any duplicates, renewals, or substitutions the Credit Union issues to you; "Account" means your Visa credit card line of credit account with the Credit Union, and "Credit Union" means the Credit Union whose name appears on this Agreement or anyone to whom the Credit Union transfers this Agreement.

**1. MLA - Military Lending Act.** It is the intent of the Credit Union to fully comply with the provisions of the Military Lending Act, 10 USC 987 (the "Act"), and its implementing regulations found at 32 CFR 232, et seq. If it is determined that any provision of this contract is violative of the Act and/or its implementing regulations, that provision shall be stricken and given no force and effect.

Statement of the Military Annual Percentage Rate (MAPR). Federal law provides important protections to members of the U.S. Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the U.S. Armed Forces and his or her dependents may not exceed an Annual Percentage Rate of 36%. This rate must include, as applicable to the credit transaction or account: the costs associated with the credit; insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

The Credit Union must provide you with Truth-in-Lending Disclosures required by Regulation Z, a statement of the MAPR applicable to the extension of credit, and a clear description of the payment obligation, which can be either a payment schedule or account opening disclosures, as applicable. These disclosures are within your loan agreement forms. These disclosures must be provided in writing and orally. You may call (906) 229-9850 to receive oral disclosures.

**2. Using Your Account.** If you are approved for an Account, the Credit Union will establish a line of credit for you and notify you of your credit limit. You agree that your credit limit is the maximum amount (purchases, cash advances, finance charges, plus "other charges") that you will have outstanding on your Account at any time. Each payment you make to your Account will restore your credit limit by the amount of the payment, unless you are over your credit limit. If you are over your credit limit and you have consented to the Credit Union's over-the-limit coverage, you must pay the amount you are over before payments will begin to restore your credit limit. You may request an increase in your credit limit only by a method acceptable to the Credit Union. The Credit Union has the right to reduce your credit limit, refuse to make an advance and/or terminate your Account at any time for any reason not prohibited by law.

**3. Using the Visa Card.** You may use your Card to make purchases from merchants and others who accept Visa cards. In addition, you may obtain cash advances from the Credit Union and from other financial institutions that accept Visa cards, and from some automated teller machines (ATMs), such as the Visa ATM Network, that accept Visa cards. (Not all ATMs accept Visa cards.) To obtain cash advances from an ATM, you must use the Personal Identification Number (PIN) that is issued to you for use with your card. You agree not to make or permit to be made any illegal transactions on your Account through the use of a Card, a check or in any other manner. We may deny authorization for any internet gambling transactions. If you wish to pay for goods or services over the internet, you may be required to provide card number security information before you will be permitted to complete the transaction.

**4. Responsibility.** You agree to pay all charges (purchases and cash advances) to your Account that are made by you or anyone whom you authorize to use your Account. You agree not to authorize anyone to use your Account without the prior written consent of the Credit Union. You also agree to pay all finance charges and other charges added to your Account under the terms of this Agreement or another agreement you made with the Credit Union. If this is a joint account, Section 18 also applies to your Account.

**5. Default.** You will be in default if you fail to make any minimum payment or other required payment by the date that it is due. You will be in default if you break any promise you make under this Agreement. You will be in default if you die, file for bankruptcy or become insolvent, that is unable to pay your obligations when they become due. You will be in default if you make any false or misleading statements in any credit application or credit update. You will also be in default if the Credit Union in good faith reasonably believes that the prospect of payment or performance of your obligations under this Agreement is impaired.

When you are in default, the Credit Union has the right to demand immediate payment of your full Account balance without giving you notice. If immediate payment is demanded, you agree to continue paying finance charge, at the periodic rate charged before default, until what you owe has been paid, and any shares that were given as security for your Account may be applied towards what you owe.

**6. Liability for Unauthorized Use/Lost/Stolen Card Notification.** You may be liable for the unauthorized use of your Card. You will not be liable for unauthorized use that occurs after you notify the Credit Union, orally or in writing, of the loss, theft, or possible unauthorized use. In any case, your liability will not exceed \$50. You can notify the Credit Union by calling (855) 306-7880 or writing Cardholder Services, P.O. Box 182477, Columbus, Ohio 43272-4935.

**7. Security Interest.** If you give the Credit Union a specific pledge of shares by signing a separate pledge of shares, your Account will be secured by your pledged shares. There is no other security for this Account, notwithstanding anything to the contrary in any other agreement. You may not withdraw amounts that have been specifically pledged to secure your account until the Credit Union agrees to release all or part of the pledged amount.

**8. 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 statement for the previous billing cycle within 25 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 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, 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 25 days from the closing date.

**For a Visa Classic:** The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate of 1.0825% which is an ANNUAL PERCENTAGE RATE of 12.99% to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances 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 and credits as posted to your account, but excluding any unpaid Finance Charges.

**For a Visa Platinum Preferred:** The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate of .7075% which is an ANNUAL PERCENTAGE RATE of 8.49% to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances 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 and credits as posted to your account, but excluding any unpaid Finance Charges.

**International Transaction Fee:** A fee up to 1% will be assessed on all transactions where the merchant country differs from the country of the card issuer.

**9. Payments.** Each month you must pay at least the minimum payment shown on your statement by the date specified on the statement or no later than 25 days from the statement closing date, whichever is later. If your statement says the payment is "Now Due," your payment is due no later than 25 days from the statement closing date. You may pay more frequently, pay more than the minimum payment or pay the Total New Balance in full. If you make extra payments or larger payments, you are still required to make at least the minimum payment each month your Account has a balance (other than a credit balance).

**For a Visa Classic:** The minimum payment is 3.0% of your Total New Balance, but not less than \$20.00, plus the amount of any prior minimum payments that you have not made, and any amount you are over your credit limit. The Credit Union also has the right to demand immediate payment of any amount by which you are over your credit limit.

**For a Visa Platinum Preferred:** The minimum payment is 3.0% of your Total New Balance, but not less than \$30.00, plus the amount of any prior minimum payments that you have not made, and any amount you are over your credit limit. The Credit Union also has the right to demand immediate payment of any amount by which you are over your credit limit.

**10. Payment Allocation.** Subject to applicable law, any payments over the required minimum payment amounts and any credits to balances on your Account will be credited to balances with the highest applicable APR first. We will then credit payments to lower rate balances in descending order of APRs. The manner in which we apply any payment to your Account balances may affect the amount of any payment applied to introductory or promotional financing balances.

**11. For a Visa Classic: Other Charges.** The following other charges (fees) will be added to your Account, as applicable: **Late Fee:** A late charge of \$15.00 will be added to your account if you are late in making a payment. **Over Limit Fee:** You may be charged a fee of \$15.00 on a statement date if your New Balance on that date is more than 10% over your credit limit. You will be charged the fee each subsequent month until your New Balance on the statement date is BELOW your credit limit. **Card Replacement Fee:** You will be charged \$10.00 for each replacement card that is issued to you for any reason other than expiration of a current card. **Document Copy Fee:** You will be charged \$1.00 for each copy of a sales draft or statement that you request unless such a request is made in connection with a billing error. **Non-Sufficient Funds Check Fee:** If any check or share draft used to make a payment on your account is returned for non-sufficient funds, you will be charged a fee of \$8.00 for each such returned check or share draft.

**For a Visa Platinum Preferred: Other Charges.** The following other charges (fees) will be added to your Account, as applicable: **Late Fee:** A late charge of \$15.00 will be added to your account if you are late in making a payment. **Card Replacement Fee:** You will be charged \$10.00 for each replacement card that is issued to you for any reason other than expiration of a current card. **Document Copy Fee:** You will be charged \$1.00 for each copy of a sales draft or statement that you request unless such a request is made in connection with a billing error.

**Non-Sufficient Fund Check Fee:** If any check or share draft used to make a payment on your account is returned for non-sufficient funds, you will be charged a fee of \$8.00 for each such returned check or share draft.

**12. Changing or Terminating Your Account.** The Credit Union may change the terms of this Agreement from time to time. Notice of any change will be given in accordance with applicable law. Use of your Card after receiving notice of a change will indicate your agreement to the change.

If permitted by law and specified in the notice to you, the change will apply to your existing Account Balance as well as to future transactions. When required by law to advise you that you have a legal right to reject any changes we make, we will provide you with an explanation about how to do that.

Either you or the Credit Union may terminate this Agreement at any time, but termination by you or the Credit Union will not affect your obligation to pay the Account balance plus any finance and other charges you owe under this Agreement. You are also responsible for any transaction that you initiated and we authorized prior to termination, even though the transaction is not posted until after termination.

The Card or Cards you receive remain the property of the Credit Union and you must recover and surrender to the Credit Union all Cards upon request or upon termination of this Agreement whether by you or the Credit Union. The Credit Union has the right to require you to pay your full Account balance at any time after your Account is terminated, whether it is terminated by you or the Credit Union. If this is a joint account, Section 18 of this Agreement also applies to termination of the Account.

**13. Credit Information.** You authorize the Credit Union to investigate your credit standing when opening or reviewing your Account. You authorize the Credit Union to disclose information regarding your Account to credit bureaus and creditors who inquire about your credit standing.

**14. Returns and Adjustments.** Merchants and others who honor your Card may give credit for returns or adjustments, and they will do so by sending the Credit Union a credit slip which will be posted to your Account. If your credits and payments exceed what you owe the Credit Union, the amount will be applied against future purchases and cash advances. If the credit balance amount is \$1 or more, it will be refunded upon your written request or automatically after six (6) months.

**15. Additional Benefits/Card Enhancements.** The Credit Union may from time to time offer additional services to your Account, such as travel accident insurance, at no additional cost to you. You understand that the Credit Union is not obligated to offer such services and may withdraw or change them at any time.

**16. Foreign Transactions.** Purchases and cash advances made in foreign countries and foreign currencies will be billed to you in U.S. dollars. The exchange rate for transactions in a foreign currency will be a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives, or the government mandated rate in effect for the applicable central processing date. The currency exchange rate used on the processing date may differ from the rate that would have been used on the purchase date or cardholder statement posting date.

**17. Merchant Disputes.** The Credit Union is not responsible for the refusal of any merchant or financial institution to honor your Card. The Credit Union is subject to claims and defenses (other than tort claims) arising out of goods or services you purchase with the Card if you have made a good faith attempt but have been unable to obtain satisfaction from the merchant or service provider (unless a local law states that you do not have to make such an attempt), and (a) your purchase was made in response to an advertisement the Credit Union sent or participated in sending to you; or (b) your purchase cost more than \$50 and was made in your state or within 100 miles of your home.

**18. Joint Accounts.** If this is a joint account, each person on the Account must sign the Application for the Account. Each of you will be individually and jointly responsible for paying all amounts owed under this Agreement. This means that the Credit Union can require any one of you individually to repay the entire amount owed under this Agreement. Each of you authorizes the other(s) to make purchases or cash advances individually. Any one of you may terminate the Account and the termination will be effective as to all of you.

Consent to, and revocation of, the Credit Union's over-the-limit coverage by one of you will be considered consent and revocation for all of you.

**19. Effect of Agreement.** This Agreement is the contract which applies to all transactions on your Account even though the sales, cash advances, credit or other slips you sign or receive may contain different terms.

**20. No Waiver.** The Credit Union can delay enforcing any of its rights any number of times without losing them.

**21. Statement and Notices.** Statements and notices will be mailed to you at the most recent address you have given the Credit Union. Notices sent to any one of you will be considered notice to all.

**22. Copy Received.** You acknowledge that you have received a copy of this Agreement.

**23. Signatures.** By signing in the Signature area of the application form that was attached to this Agreement when you received it, you agree to the terms of this Agreement. You should detach this Agreement from the application and retain it for your records.

**24. Final Expression.** This agreement is the Final expression of the terms and conditions of this card Agreement between you and the Credit Union. This written Agreement may not be contradicted by evidence of any alleged oral agreement.

## YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

### Notify Us In Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your credit card bill automatically from your savings or checking account, you can stop the payment on any amount you think is wrong. To stop the payment your letter must reach us three business days before the automatic payment is scheduled to occur.

### Your Rights and Our Responsibilities After We Receive Your Written Notice

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow those rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

### Special Rule for Credit Card Purchases

If you have a problem with the quality of property or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right:

- (a) You must have made the purchase in your home state, or if not within your home state within 100 miles of your current mailing address; and
- (b) The purchase price must have been more than \$50.

Those limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.