|  | MasterCard Classic | MasterCard Platinum | MasterCard Gold |
| :---: | :---: | :---: | :---: |
| Interest Rates and Interest Charges |  |  |  |
| Annual Percentage Rate (APR) for Purchases | $10.50 \%$ This APR will vary with the market based on the prime rate. | 9.90\% | 11.90\% |
| APR for Balance Transfers | 10.50\% This APR will vary with the market based on the prime rate. | 9.90\% | 11.90\% |
| APR for Cash Advances | $10.50 \%$ <br> This APR will vary with the market based on the prime rate. | 9.90\% | 11.90\% |
| Penalty Pricing and when it applies | None |  |  |
| Paying Interest | 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. We will begin charging interest on cash advances and balance transfers on the transaction date. |  |  |
| Minimum Interest Charge | If you are charged interest, the charge will be no less than \$0.00. |  |  |
| 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.consumerfiance.gov/learnmore |  |  |
| Fees Annual Fee | \$0.00 |  |  |
| Transaction Fees Balance Transfer Fee | \$0.00 |  |  |
| Cash Advance Fee | \$0.00 |  |  |
| Foreign Transaction Fee | 1\% of each foreign transaction in U.S. Dollars |  |  |
| Penalty Fees Late Payment Fee | Up to \$15.00 |  |  |
| Over-the-credit-limit Fee | \$0.00 |  |  |
| Returned Payment Fee | Up to \$20 |  |  |
| How we will Calculate Your Balance Billing Rights | We use a method called "average daily balance (including new purchases)." This method is explained in the cardholder agreement. Information on your rights to dispute transactions is provided in the card holder agreement. |  |  |
| Periodic Rates | The periodic rate for credit purchases is $0.875 \%$ per month with a corresponding annual percentage rate of $10.50 \%$. The periodic rate for cash advances is $0.854 \%$ per month with a corresponding annual percentage rate of $10.50 \%$. Balance transfers will be considered cash advances and will have the same periodic rate and corresponding annual percentage rate as cash advances. Balance transfers will be referred to as cash advances in the card holder agreement. | The periodic rate for credit purchases is $0.825 \%$ per month with a corresponding annual percentage rate of $9.900 \%$. The periodic rate for cash advances is $0.825 \%$ per month with a corresponding annual percentage rate of $9.900 \%$. Balance transfers will be considered cash advances and will have the same periodic rate and corresponding annual percentage rate as cash advances. Balance transters will he referred to as cash advances in the card holder agreement. | The periodic rate for credit purchases is $0.992 \%$ per month with a corresponding annual percentage rate of $11.900 \%$. The periodic rate for cash advances is $0.992 \%$ per month with a corresponding annual percentage rate of $11.900 \%$. Balance transfers will be considered cash advances and will have the same periodic rate and corresponding annual percentage rate as cash advances. Balance transfers wiirbe re- ferred to as cash advances in the card holder agreement. |



## Rates as Low As 9.90\% APR*

## UNIQUE FEATURES INCLUDE:

No annual fees
Receive monthly statements electronically
25 -day grace period on new purchases
Loss of life, disability and involuntary unemployment protection available Online access to all card activity and transactions

Phone: (319) 266-7531 Fax: (319) 266-8543

123 W. 4th Street P.O. Box 1009 Cedar Falls, IA 50613

| Account Number: | Limit Requested: |
| :--- | :--- |
| Applicant Name:  <br> Address: Work Phone: <br> Home Phone: Date of Birth: <br> SSN: Position: <br> Employer: Supervisor: <br> Start Date:  <br> House Payment/Rent: To Whom: <br> Co-Applicant Name:  <br> SSN:  <br> Employer:  <br> Gross Monthly Income:  |  |

## PLEASE READ, SIGN, AND DATE STATEMENT

I hereby certify that all statements made are true and submitted for the purpose of obtaining credit whether completed by me or the Credit Union at my direction. In considering this application, the member services representatives may request and use a report from our credit reporting agencies. They may also ask a reporting agency or agencies for other such reports in connection with renewal or continuation of the credit for which I am applying. Upon request the Credit Union will supply the name and address of the credit bureau providing such information.

I acknowledge notice of this disclosure.
If this application is approved and a MasterCard card is issued, I (we) agree by signing, using or permitting another to use the MasterCard card to be bound by the Cardholder Agreement mailed upon approval of this request.

Security Agreement and Pledge. By signing this application, upon acceptance or authorized use of any credit card(s) issued, l/we pledge our shares as defined by our Membership Agreement to secure payment of my/our obligations on this account.
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.

Applicant Initials
_Co-Applicant Initials

Applicant's Signature/Date
REFERENCE Name/Address/City/State/Zip
Phone \#

Co-Applicant's Signature/Date
REFERENCE Name/Address/City/State/Zip
Phone \#

Residents of Illinois may contact the Illinois Commissioner of Banks and Trust Companies for comparative information, interest rates, charges, fees, and grace periods. State of Illinois-CIP PO Box 10181 Springfield, IL 62791 Phone: 800-634-5432 REV 02/10

| Credit Union Use Only | MasterCard Platinum | MasterCard Gold | MasterCard Classic |
| :---: | :---: | :---: | :---: |
|  | Rejected Approved | Approved Limit: \$ |  |
| Loan Officer's Signature |  | $\overline{\text { Date }}$ |  |
| Loan Officer's Signature |  | $\overline{\text { Date }}$ |  |

