CEDAR FALLS COMMUNITY CREDIT UNION GROW WITH US	MasterCard Classic	MasterCard Platinum	MasterCard Gold
	Interest Rates	and Interest Charges	
Annual Percentage Rate (APR) for Purchases	10.00% This APR will vary with the market based on the prime rate.	9.90%	11.90%
APR for Balance Transfers	10.00% This APR will vary with the market based on the prime rate.	9.90%	11.90%
APR for Cash Advances	10.00% 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 transac- tions is provided in the card holder agreement.		
Periodic Rates	The periodic rate for credit purchases is 0.833% per month with a corresponding annual percentage rate of 10.00%. The periodic rate for cash advances is 0.833% per month with a corresponding annual percentage rate of 10.00%. 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 transfers will be 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 percent- age rate of 11.900%. The periodic rate for cash advances is 0.992% per month with a corre- sponding 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 will be re- ferred to as cash advances in the card holder agreement.

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MasterCard Application

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No annual fees Receive monthly statements electronically 25-day grace period on new purchases No cash advance or balance transfer fee 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 11

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

www.cfccu.org



Account Number:	Limit Requested:			
Applicant Name:				
Address:				
Home Phone:	Work Phone:			
SSN:	Date of Birth:			
Employer:	Position:			
Start Date:	Supervisor:			
Gross Monthly Income:				
House Payment/Rent:	To Whom:			
Co-Applicant Name:				
SSN:	Date of Birth:			
Employer:	Start Date:			
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 f or 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, I/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.				
	Int InitialsCo-Applicant Initials			
Applicant's Signature/Date REF	ERENCE Name/Address/City/State/Zip Phone #			
Co-Applicant's Signature/Date REFE	RENCE 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 OnlyMasterCard PlatinumMasterCard GoldMasterCard Classic				
RejectedApprov	ved Approved Limit: \$			
Loan Officer's Signature	Date			
Loan Officer's Signature Date				