



5618 Harrison Ave.  
 Rockford, IL 61108  
 (815) 316-2900  
 (888) 533-1580  
 Fax: (815) 316-2902  
 www.generationscu.org

A table that includes required credit card disclosures is provided with this Application. To obtain any change in the required information since it was printed, call us toll-free at 888-533-1580 or write to us at the address stated on this Application.



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

**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.  **Credit Limit Requested:** \$ \_\_\_\_\_

Applicant		
NAME (Last - First - Initial)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
( ) ( ) ( )		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
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)		
Employment/Income		START DATE
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.		
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____	\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
( ) ( ) ( )		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
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)		
Employment/Income		START DATE
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.		
EMPLOYMENT INCOME	OTHER INCOME	
\$ _____ PER _____	\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	

**State Law Notices** **OHIO RESIDENTS ONLY:** 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.

**WISCONSIN RESIDENTS ONLY:** (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.

**X** \_\_\_\_\_  
 SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**Signatures**

1. You promise that everything you have stated in this application is correct to the best of your knowledge. 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. 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions

insured by NCUA.  
 2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. 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. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and 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.

<b>X</b> _____ (SEAL)	
APPLICANT'S SIGNATURE	DATE
FOR CREDIT UNION USE ONLY <input type="checkbox"/> APPROVED NO. OF CARDS _____ CREDIT LIMIT \$ _____ CREDIT CARD NUMBER _____	
<input type="checkbox"/> DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____	

<b>X</b> _____ (SEAL)	
OTHER SIGNATURE	DATE



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**VISA CLASSIC/VISA PLATINUM**  
**Application and Solicitation Disclosure**

Interest Rates and Interest Charges	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>Visa Platinum</b> <b>8.90%</b>  <b>Visa Classic</b> <b>13.80%</b>
<b>APR for Balance Transfers</b>	<b>Visa Platinum</b> <b>1.99%</b> Introductory APR for a period of 6 billing cycles. After that your APR will be <b>8.90%</b>  <b>Visa Classic</b> <b>1.99%</b> Introductory APR for a period of 6 billing cycles. After that your APR will be <b>13.80%</b>
<b>APR for Cash Advances</b>	<b>Visa Platinum</b> <b>8.90%</b>  <b>Visa Classic</b> <b>13.80%</b>
<b>Penalty APR and When it Applies</b>	<b>None</b>
<b>How to Avoid Paying Interest on Purchases</b>	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.
<b>For Credit Card Tips from the Federal Reserve Board</b>	<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>.</b>
Fees	
<b>Set-up and Maintenance Fees</b>	
- Annual Fee	<b>None</b>
- Account Set-up Fee	<b>None</b>
- Program Fee	<b>None</b>
- Participation Fee	<b>None</b>
<b>Transaction Fees</b>	
- Balance Transfer Fee	<b>None</b>
- Cash Advance Fee	<b>None</b>
- Foreign Transaction Fee	<b>1.00%</b> of each transaction in U.S. dollars
<b>Penalty Fees</b>	
- Late Payment Fee	<b>Up to \$25.00</b>
- Returned Payment Fee	<b>Up to \$25.00</b>

**How We Will Calculate Your Balance.** We use a method called "average daily balance (including new purchase)."

**Promotional Period for Introductory APR.** The Introductory APR for balance transfers will apply to transactions posted to your account from May 1, 2015 until June 30, 2015.

**Effective Date.** The information about the costs of the card described in this application is accurate as of May 1, 2015. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**OTHER DISCLOSURES**

Late Payment Fee	<b>\$25.00</b> or the amount of the required minimum payment, whichever is less, if you are five (5) or more days late in making a payment
Returned Payment Fee	<b>\$25.00</b> or the amount of the required minimum payment, whichever is less
Statement Copy Fee	<b>\$5.00</b>
Document Copy Fee	<b>\$25.00</b>
Rush Fee	<b>\$25.00</b>
Emergency Card Replacement Fee	<b>\$150.00</b>
PIN Replacement Fee	<b>\$5.00</b>
Card Recovery Fee	<b>\$100.00</b>
Card Replacement Fee	<b>\$25.00</b>