



PO Box 817  
Houghton Lake, MI 48629  
989-910-5135  
800-732-6005  
Fax: 989-910-5128  
www.ncacu.org

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 (800) 732-6005 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 <b>X</b>	Date (Seal)	Co-Applicant <b>X</b>	Date (Seal)
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☐ Credit Limit Requested \$

If Authorized User, Name:

**APPLICANT**

NAME (Last - First - Initial)

ACCOUNT NUMBER

SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER

BIRTH DATE

EMAIL ADDRESS

HOME PHONE

CELL PHONE

BUSINESS PHONE/EXT.

DRIVER'S LICENSE NUMBER/STATE

AGES OF DEPENDENTS

PRESENT ADDRESS (Street - City - State - Zip)

☐ OWN ☐ RENT  
LENGTH AT RESIDENCE

PREVIOUS ADDRESS (Street - City - State - Zip)

☐ OWN ☐ RENT  
LENGTH AT RESIDENCE

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: ☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)

**OTHER**

☐ CO-APPLICANT ☐ SPOUSE ☐ GUARANTOR ☐ OTHER

NAME (Last - First - Initial)

ACCOUNT NUMBER

SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER

BIRTH DATE

EMAIL ADDRESS

HOME PHONE

CELL PHONE

BUSINESS PHONE/EXT.

DRIVER'S LICENSE NUMBER/STATE

AGES OF DEPENDENTS

PRESENT ADDRESS (Street - City - State - Zip)

☐ OWN ☐ RENT  
LENGTH AT RESIDENCE

PREVIOUS ADDRESS (Street - City - State - Zip)

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LENGTH AT RESIDENCE

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: ☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single - Divorced - Widowed)

**EMPLOYMENT/INCOME**

EMPLOYMENT STATUS ☐ FULL TIME ☐ PART TIME HOURS PER WEEK

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 PER

OTHER INCOME PER

\$

\$

TITLE/GRADE

SOURCE

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS

STARTING DATE

ENDING DATE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? ☐ YES ☐ NO  
WHERE ENDING/SEPARATION DATE

**EMPLOYMENT/INCOME**

EMPLOYMENT STATUS ☐ FULL TIME ☐ PART TIME HOURS PER WEEK

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 PER

OTHER INCOME PER

\$

\$

TITLE/GRADE

SOURCE

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS

STARTING DATE

ENDING DATE

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? ☐ YES ☐ NO  
WHERE ENDING/SEPARATION DATE

## CREDIT CARD APPLICATION (continued)

### 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](http://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

X

(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.

Security Interest Acknowledgement and Agreement

Date

X

(Seal)

Security Interest Acknowledgement and Agreement

Date

X

(Seal)

### SIGNATURES

By signing or otherwise authenticating below:

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 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.
2. 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

X

(Seal)

Other Signature

Date

X

(Seal)

### CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
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Signatures

Signature

Date

X

(Seal)

Signature

Date

X

(Seal)



You now have the opportunity to apply for Credit Insurance on your credit card. For coverage in the event of death or disability, complete the Application and Schedule of Credit Insurance. To apply for Credit Insurance: 1) Complete Section A. 2) Read over Section B and indicate which borrower(s) you would like protected. 3) Read over Section C and sign.

**CUNA MUTUAL GROUP**  
CMFG Life Insurance Company  
Home Office: 2000 Heritage Way • Waverly, IA 50677  
Administrative Office: 5910 Mineral Point Road • Madison, WI 53705  
Phone: 800.356.2644

**MONTHLY PREMIUM CREDIT INSURANCE  
APPLICATION AND CERTIFICATE (PART A)  
Credit Card**

**SCHEDULE OF CREDIT INSURANCE**

Credit Union / Primary Beneficiary North Central Area Credit Union		Group Policy Contract No. 021-0977-6	
Borrower 1 Name and Address		Email Address	Birth Date
Borrower 2 Name and Address		Email Address	Birth Date
Account No. Pending Credit Card Approval		Secondary Beneficiary	

Rate(s) per \$1000 of Your monthly Loan balance			
Single Life	\$0.73	Joint Life	\$1.15
Single Disability	\$2.86	Joint Disability	\$ N/A

Insurance Applied For		Applicable Maximums	
		Life	Disability
<b>Life Insurance</b> Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower			
<b>Disability Insurance</b> Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input checked="" type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower Waiting Period: 14 days    Benefits Begin: Retroactive	Maximum Monthly Disability Benefit Total Benefit Maximum Maximum Issue Age Termination Age	N/A \$40,000 71 71	\$ 600 \$30,000 71 71

CI-MP-SCH-OECE-S1

**ELIGIBILITY REQUIREMENTS:**

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

**EVIDENCE OF INSURABILITY QUESTIONS:**

INSTRUCTIONS:

Applicants for disability insurance: You must answer the Actively at Work Question.

**Actively at Work Question**

Mark as appropriate

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application?

Borrower 1	Borrower 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

**NOTICES TO BORROWER:**

- Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

X

Borrower 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

X



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APPLICATION AND  
SOLICITATION  
DISCLOSURE

**VISA**

VISA CLASSIC/ VISA GOLD

**Interest Rates and Interest Charges**

Annual Percentage Rate (APR) for Purchases	Visa Classic <b>12.90%</b>  Visa Gold <b>10.90%</b>
APR for Balance Transfers	Visa Classic <b>12.90%</b>  Visa Gold <b>10.90%</b>
APR for Cash Advances	Visa Classic <b>12.90%</b>  Visa Gold <b>10.90%</b>
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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .

**Fees**

Transaction Fees - Balance Transfer Fee - Cash Advance Fee - Foreign Transaction Fee	None None <b>1.00%</b> of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to <b>\$20.00</b> Up to <b>\$25.00</b>

**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: November 01, 2021  
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

**For California Borrowers, the Visa Classic and Visa Gold are secured credit cards. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares, (c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings.**

**Other Fees & Disclosures:**

Late Payment Fee:

\$20.00 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:

\$25.00 or the amount of the required minimum payment, whichever is less.

Card Replacement Fee:

\$10.00.

Statement Copy Fee:

\$5.00.