South Newberry Avenue

P.O. Box 485

Engadine, MI 49827

(906) 477-9932

North 6747 M-117

P.O. Box 220

Newberry, MI 49868

(906) 293-5117



The enclosed application is the only one you need to apply for all these ready money benefits:

No annual card fee. See Visa Card line of Credit Agreement/Security Agreement for the specific disclosures.

Instant credit, ready whenever you need it to handle home repairs or other expenses.

A grace period that allows you to pay off the entire balance of purchases without incurring any finance charges.

The issuance of your Visa Card is subject to the current qualifications and restrictions in our credit union policy on the Visa program. Outstanding Visa balances are not covered by Credit Life Insurance or Temporary Disability Insurance, but may be purchased by the Credit Card holder.

APPLIC ATIO N

115 East Harold Street P.O. Box 211

Pickford, MI 49774

Paradise, MI 49786

P.O. Box 194

(906) 492-3555

7960 North M-123

18829 South Mackinac Trail

P.O. Box 537

Rudyard, MI 49780





Application

ACCOUNT NUMBER	LIMIT YOU ARE APPLYING FOR	

□ VISA ACCOUNT NUMBER

Upon approval, I wish to transfer my present balance on my Tahquamenon Area Credit Union

INSTRUCT	IONS: 2) FILL OUT ALL A 3) FOLDAPPL			credit o	card account(s) listed here	e to	my new						
APPLICANT LAST NAME FIRST NAME DATA			Tahquamenon Area Ćredit Union		SOCIAL SECURITY NO.		DATE OF BIRTH		IRTH	NO. OF DEPEND	ENTS			
PRESENT A	ADDRESS	CITY		STATE		ZIP			OF YEARS IS ADDRE		TE AMC	ELEPHONE NO.		
PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)								DRIVERS LICENSE NO.						
EMPLOYED) BY			YEARS E	MPLOYED	ADDRESS	3				TE	LEPHO	ONE NO.	
										(()			
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)				YEARS EMPLOYED ADDRESS			3				TE	:LEPHC	ONE NO.	
NEAREST RELATIVE (NOT LIVING WITH YOU)					ADDRESS NEAREST RELATIVE							TELEPHONE NO.		
CO-APPL DAT	ICANT LAST NAME		FIRS:	T NAME		INITIAL		SOCIAL SECURI	TY NO.	D	ATE OF B	IRTH	NO. OF DEPEND	ENTS
PRESENT ADDRESS CITY				STATE				ZIP	NO. OF YEARS AT THIS ADDRESS			TE TE	ELEPHONE NO.	
PREVIOUS	ADDRESS (IF LESS T	HAN THRE	E YEARS AT PR	ESENT AD	DRESS)				DRIVE	RS LICE	NSE NO.			
EMPLOYED) BY			YEARS E	MPLOYED	ADDRESS	 3				TE	LEPH(ONE NO.	
											()		
PREVIOUS	EMPLOYER (IF LESS	THAN 3 YE	ARS)	YEARS E	MPLOYED	ADDRESS	3				TE	EPHC	ONE NO.	
NEAREST F	RELATIVE (NOT LIVIN	G WITH YO	U)	ADDRES	S NEAREST	RELATIVE					TE (LEPHC)	ONE NO.	
	NOTICE: Alimony, Child	Support, or S	eparate Maintenand	ce income nee	ed not be reveal	led if you do no								
DATA	GROSS AMOUNT REGULAR INCOME				\$		You are not required to disclose your receipt of Alimony, Child Support, or other income derivi separation proceeding unless you wish it to be considered by us as a means available to you to obligation.					ncome deriving from a dividable to you to repay this	orce or	
	GROSS AMOUNT ALL OTHER INCOME		\$ \$		\$		APPLICANT'S SOURCE OF OTHER INCOME							
INCOME	TOTAL AMOUNT ALL INCOME		\$		\$		CO-APPLICANT'S SOURCE OF OTHER INCOME							
	FINANCIAL Please I guarant sheets	or or endorse	debts owing includ r for. If you don't ha HAVE YOU EVER	ve any debts.	, list previously p	paid debts. (pl	ymer ease	nts and any obligations the list complete names - at YES NO	hat you m tach addi	ight be a tional	Are you a		er on any other loans? NO	,
	VITH NAME - ADDRESS (CREDIT UNIC	NS, BANKS, THRII	FTS)			СН	ECKING ACCOUNT #		ANCE	SAVINGS	ACCOL		
(1)									\$				\$	
DO YOU	☐ OWN YOUR HOME	MORTGAG	E HOLDER / LAND	I ODD (NAMI	E AND ADDRES	26/			\$		MORTGA	GE BAI	\$ ANCE/	
	□ RENT	WORTOAG	E NOEDER / EARD						ONTHLY RENTAL AMT'S \$					
AUTOMOBILE (1)	E(S) FINANCED WITH:			BALAN	NCE			(2)					BALANCE	
IN T	THE NAME OF		CREDITOR NAM		ST OF ALL O' ACCOUN	THER INDE NT NUMBEF		DNESS CREDIT LIMIT		CURREN	IT BALANC	CE	MONTHLY PAYME	ENT
		-										+		
												+		
MEMBER	I/We hereby consen	t to the neces	sary credit investiga	ation in conne	ction with this a	pplication and	gran	t permission for it's reten	ntion. I/We	warrant th	nat all informa	ation cor	ntained in this applicat	tion is
MEMBER SIGNATU	PE		be bound by the tent t Account Indiv				all ot	ther terms and conditions	s that gov	ern the use	of this card.	-		
APPLICANT	'S SIGNATURE			DATE			PLI	CANT'S SIGNATURE	Ē				DATE	
☐ Approved	d □Rejected Da	ate		Signa	ature of Loan	Officer X								

DETACH ALONG DOTTED LINE AND KEEP THIS PORTION FOR YOUR RECORDS

DISCLOSURE OF VISA FEES

This information about the cost of obtaining and using the Visa Card described in this application is accurate as of July 2012. This information may have changed after that date. To find out what information may have changed, call your Credit Union.

ANNUAL PERCENTAGE RATE FOR PURCHASES ANNUAL PERCENTAGE RATE FOR BALANCE TRANSFERS ANNUAL PERCENTAGE RATE FOR CASH ADVANCES

11.9% 11.9%

GRACE PERIOD FOR REPAYMENT OF BALANCES ON PURCHASES

You have an average of 25 days to repay the balance (for purchases only) before a finance charge on purchases will be imposed, providing the previous balance is paid in full at statement date. There is no grace period for Cash Advances.

METHOD OF COMPUTING THE BALANCE FOR PURCHASES

Signature of Credit Committee X ___

Credit Card Limit \$ _ Comments

The balance is computed by adding the "daily balances" for each day in the billing period and then dividing by the number of days in the billing period. "Daily balances" do not include current purchases.

ANNUAL FEE No annual fee

LATE PAYMENT FEE RETURN CHECK FEE (RETURNED FOR NON-PAYMENT)

VISA FOREIEGN TRANSACTION FEE (FTF)
VISA will charge a 1% FTF for international transactions that involve multiple currency conversions, or a .8% fee for international transactions that do not involve multiple currency conversions.