



- New Application
- Change Request
- Visa Platinum with Rewards
- Visa Platinum without Rewards



CREDIT CARD APPLICATION

A table that includes the APRs and other required cost disclosures for credit card applications is on the next page of this 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-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 Request:** \$ _____ (do not complete if new applicant)

Applicant **Other:** **Co-Applicant** **Spouse** **Guarantor**

NAME			NAME								
PASSWORD		ACCOUNT NUMBER		ACCOUNT NUMBER							
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE		DRIVER'S LICENSE NUMBER / STATE							
BIRTH DATE	HOME PHONE	WORK PHONE/ EXT.		BIRTH DATE	HOME PHONE	WORK PHONE/ EXT.					
E-MAIL ADDRESS						E-MAIL ADDRESS					
PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT				YEARS AT THIS ADDRESS		PRESENT ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT				YEARS AT THIS ADDRESS	
PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT				YEARS AT THIS ADDRESS		PREVIOUS ADDRESS (Street - City - State - Zip) <input type="checkbox"/> OWN <input type="checkbox"/> RENT				YEARS AT THIS ADDRESS	
MORTGAGE/RENT OWED TO:						MORTGAGE/RENT OWED TO:					
MORTGAGE BALANCE \$		MONTHLY PAYMENT \$		NO. OF DEPENDENTS & AGE		MORTGAGE BALANCE \$		MONTHLY PAYMENT \$		NO. OF DEPENDENTS & AGE	
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)						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						Employment/Income					
NAME AND ADDRESS OF EMPLOYER						NAME AND ADDRESS OF EMPLOYER					
START DATE			POSITION			START DATE			POSITION		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.						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		EMPLOYMENT INCOME \$		OTHER INCOME \$		PER	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE:				<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE:			
NAME AND ADDRESS OF PREVIOUS EMPLOYER				START DATE/END DATE		NAME AND ADDRESS OF PREVIOUS EMPLOYER				START DATE/END DATE	

Deposit Account Name & Account Number	VALUE	Creditor Name & Account Number	BALANCE	MONTHLY PAYMENT
SAVINGS:	\$	CREDITOR:	\$	\$
CHECKING:	\$	CREDITOR:	\$	\$
Other Assets		CREDITOR:	\$	\$
OTHER PROPERTY:	\$	CREDITOR:	\$	\$
OTHER:	\$	AUTO:	\$	\$
AUTO:	MAKE:	YEAR:	OTHER:	\$

Other Information About You	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET.	APPLICANT		OTHER	
		YES	NO	YES	NO
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR WHOM (Name of Others Obligated on Loan): _____
TO WHOM (Name of Creditor): _____

Personal Reference RELATIONSHIP: _____ HOME PHONE: _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU: _____

CREDIT INSURANCE

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road
Madison, WI 53701-0391
Phone: 800/937-2644

CREDIT INSURANCE APPLICATION & SCHEDULE

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for disability insurance only if you are working for wages or profit 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for disability insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER

If you are totally disabled for more than _____ days, then the disability benefit will begin with the _____ day of disability.

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
ACCOUNT NUMBER	GROUP POLICY NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$	N/A
DATE OF ISSUE OF THIS CERTIFICATE		MAX. INSURABLE BALANCE		\$	\$
DATE		MEMBER'S DATE OF BIRTH		MAXIMUM AGE FOR INSURANCE	
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)		SECONDARY BENEFICIARY (If you desire to name one)			
SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		DATE			
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SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		JOINT INSURED'S DATE OF BIRTH			
SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)			

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"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for disability insurance only if you are working for wages or profit 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for disability insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER

If you are totally disabled for more than _____ days, then the disability benefit will begin with the _____ day of disability.

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
ACCOUNT NUMBER		GROUP POLICY NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$	N/A
DATE OF ISSUE OF THIS CERTIFICATE		SECONDARY BENEFICIARY (If you desire to name one)			
DATE	MEMBER'S DATE OF BIRTH	DATE	JOINT INSURED'S DATE OF BIRTH		
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)		SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)			
X		X			