People's Community Federal Credit Union P.O. Box 764 Vancouver, Washington 98666 (360) 695-5121 Fax: (360) 695-3377 www.peoplescu.org					MASTER APPLICATION - MUST BE COMPLETED IN INK NOTICE TO MARRIED APPLICANTS: YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.								RIGHT	
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	: Complete sectior					-			(al					
	Complete section income or assets (3) if you are rely are an Alaska re	ns A , B , C , D and E in s of another person ying on property loo esident subject to a NM, NV, TX, WA, an	E (1) if you a as the basis cated in a Co community	are relying of for repaymom mmunity Pi	on incom ent of the roperty St	e from credit tate as	alimony, o requested a basis fo	child s l; (2) i or rep	support, o f you resid ayment of	de in a (the cre	Comm edit rec	unity F queste	Proper d; or (ty State; 4) if you
Joint Credit:	Complete section	ns A, B, C, D and E	if your co-ap	plicant will	be contra	ctually	liable for r	repayı	ment of the	e loan a	nd ini	tial bel	ow:	
	We intend to app	bly for joint credit.		_ (Applican	t Initials)			(Co	o-Applicar	nt Initials	5)			
		Check typ	e of Loan Ac	count and s	ervices ir	itially i	requested.							
Loan Accounts Auto Loan Personal Loan Other Personal Pr	roperty Secured	Authorized	it Card d dditional Auth	of Birth:				Bank	ard	mplete s	•			,
			E 4 FOR IMP	-										
I/WE WOULD LIKE A LOAN	OF	FOR THE FOLLOWING	PURPOSE		SECURIT	Y OFFEI	RED			ACCOUN	NT NUM	IBER		
*		A. /	APPLICANT'	S PERSON		RMAT								
PLEASE COMPLETE ONLY SECURED CREDIT, OR IF MARRIED SEPARATED L PRESENT ADDRESS (Stree	YOU LIVE IN A COMMUN	IITY PROPERTY STATE.	LAST NAME		FI	RST NAI	ME HOW LONG	6?	INITIAL HOME PHO	DATE OF				IRITY NO.
PREVIOUS ADDRESS (If pr	resent address less than to	wo years) (Street, City, St	ate, Zip)				HOW LONG	9?	DRIVER'S L	ICENSE N	NO. AND	STATE		
		B.	INFORMATIO	ON REGAR	DING AP	PLICA								
PRESENT EMPLOYER		EMPLOYER'S ADDRES	SS (Street, City, Si	tate, Zip)							DATE E	MPLOYI	ĒD	
OCCUPATION		SUPERVISOR'S NAME				WOF	RK PHONE AN	ND EXT		MONTHL \$	LY NET	PAY		
PREVIOUS EMPLOYER		ADDRESS (Street, City	, State, Zip)					HOW	LONG?	OCCUPA	ATION			
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LAST NAME	FIRST	NAME	INITIAL	DATE OF BIR	RTH	DRIVE	R'S LICENSE	NO. AN	D STATE	SOCI	AL SEC	URITY N	Ю.	
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PRESENT EMPLOYER'S N	AME AND ADDRESS (Str	reet, City, State, Zip)					DATE EMPL	OYED		WORK F	PHONE	AND EXT		
OTHER INCOME NOTICE: unless you wish them consid verification may be required.	dered as a basis for repay	ment of the credit request	ed. If listed,				AMO \$	UNT		total n \$	IONTHL	Y INCON	ИE	
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NAME OF BANK OR OTHE		UN (SILEEL, UITY, STATE, ZI	ויי								CKING	_	VINGS	
NAME OF RELATIVE NOT LIVING WITH YOU	NAME (Last, First, Initial))	PRESENT AI	DDRESS (Stree	et, City, State	e, Zip)				PHONE	NUMBE	R	RELA	TIONSHIP
PERSONAL REFERENCE NOT RELATED TO APPLICANT	NAME (Last, First, Initial))	PRESENT AI	DDRESS (Stree	et, City, State	e, Zip)				PHONE	NUMBE	R	<u>.</u>	

CONTINUE APPLICATION ON PAGES 2, 3 AND 4 - SIGN PAGE 3 OF THE APPLICATION BEFORE SUBMITTING

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PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement or credit card agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

Consumer and Credit Report Authorization. By signing this Application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. I authorize you to receive and review other information about me, such as my employment and income information, from third-parties or consumer reporting agencies. Vermont Residents: Applicant provided consent via phone

(Credit Union Initials)

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE
x		x	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

IMPORTANT CREDIT CARD DISCLOSURES

The following disclosure represents important details concerning your credit card. The information about costs of the card is accurate as of ______. You can contact us toll free at 1-844-583-1055 or People's Community Federal Credit Union, P.O. Box 764, Vancouver, Washington 98666 to inquire if any changes occurred since the effective date.

INTEREST RATES and INTEREST	CHARGES:					
	Visa Credit Card	Secured Visa Credit Card				
Annual Percentage Rate (APR) for Purchases & Balance Transfers	 1.90% Introductory APR for one year from date of account opening. After that, your Standard APR will be 13.24 % This APR will vary with the market based on the Prime Rate. 	15.00%				
APR for Cash Advances	13.24 % This APR will vary with the market based on the Prime Rate.	15.00%				
Penalty APR and When it Applies	 18.00% This APR may be applied if your minimum monthly payment is late 60 days or more. How Long Will the Penalty APR Apply? If we increase your APRs due to a late payment, we may keep them at this higher level on existing and new balances until you make six consecutive on-time payments. 					
Paying Interest	Your due date is at least 21 days after we mail your billing statement. We will not charge you interest on purchases if you pay your entire new purchase balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the date the cash advance or balance transfer is posted to your account.					
Minimum Interest Charge	None					
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider whe the website of the Consumer Financial Prote http://www.consumerfinance.gov/learnm	ection Bureau at				

FEES:	
Fees to Open or Maintain your Account	
• Annual Fee:	None
Application Fee:	None
Transaction Fees	
Balance Transfer:	None
Cash Advance:	None
 Foreign Transaction: 	1.00% of each transaction in U.S. dollars
Penalty Fees	
Late Payment:	Up to \$25.00 if your payment is more than 15 days late
Over-the-Credit Limit:	None
 Returned Payment: 	Up to \$25.00 if your payment is returned for any reason

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." Loss of Introductory Rate: We may end your Introductory Rate and apply the Penalty APR disclosed above if you make a late payment.