



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.

CHECK TYPE OF CREDIT REQUESTED

- Individual Credit:** Complete sections **A, B, D** and **E** if only the applicant's income is considered for loan approval. Complete sections **A, B, C, D** and **E** (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested; (2) if you reside in a Community Property State; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested; or (4) if you are an Alaska resident subject to a community property agreement or community property trust. Community Property States include: AZ, CA, ID, LA, NM, NV, TX, WA, and WI.
- Joint Credit:** Complete sections **A, B, C, D** and **E** if your co-applicant will be contractually liable for repayment of the loan and initial below:
 We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

Check type of Loan Account and services initially requested.

Loan Accounts <input type="checkbox"/> Auto Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Other Personal Property Secured <input type="checkbox"/> _____	Number of Cards _____ <input type="checkbox"/> Visa Credit Card _____ <input type="checkbox"/> Secured Visa Credit Card _____ Name of additional Authorized User, if any: _____ Authorized User Date of Birth: _____	EFT & Account Services <input type="checkbox"/> Visa Debit Card <input type="checkbox"/> Online Banking <input type="checkbox"/> _____ <input type="checkbox"/> Payroll Deduction (complete separate authorization) <input type="checkbox"/> Direct Deposit (complete separate authorization)
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SEE PAGE 4 FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS

I/WE WOULD LIKE A LOAN OF \$ _____	FOR THE FOLLOWING PURPOSE _____	SECURITY OFFERED _____	ACCOUNT NUMBER _____
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A. APPLICANT'S PERSONAL INFORMATION

PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.

<input type="checkbox"/> MARRIED	LAST NAME _____	FIRST NAME _____	INITIAL _____	DATE OF BIRTH _____	SOCIAL SECURITY NO. _____
<input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	PRESENT ADDRESS (Street, City, State, Zip) _____		HOW LONG? _____	HOME PHONE NUMBER _____	AGES OF DEPENDENTS _____
PREVIOUS ADDRESS (If present address less than two years) (Street, City, State, Zip) _____		HOW LONG? _____	DRIVER'S LICENSE NO. AND STATE _____		

B. INFORMATION REGARDING APPLICANT

PRESENT EMPLOYER _____	EMPLOYER'S ADDRESS (Street, City, State, Zip) _____	DATE EMPLOYED _____
OCCUPATION _____	SUPERVISOR'S NAME _____	WORK PHONE AND EXT. _____
PREVIOUS EMPLOYER _____	ADDRESS (Street, City, State, Zip) _____	HOW LONG? _____
REAL ESTATE OWNED AND ADDRESS (include home) _____	DATE PURCHASED _____	CURRENT MARKET VALUE \$ _____
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.	SOURCE OF OTHER INCOME _____	AMOUNT \$ _____
		TOTAL MONTHLY INCOME \$ _____

C. INFORMATION REGARDING CO-APPLICANT NON-APPLICANT SPOUSE/OTHER GUARANTOR

LAST NAME _____	FIRST NAME _____	INITIAL _____	DATE OF BIRTH _____	DRIVER'S LICENSE NO. AND STATE _____	SOCIAL SECURITY NO. _____
STREET ADDRESS (Street, City, State, Zip) _____			HOME PHONE NUMBER _____	OCCUPATION _____	MONTHLY NET PAY \$ _____
PRESENT EMPLOYER'S NAME AND ADDRESS (Street, City, State, Zip) _____			DATE EMPLOYED _____	WORK PHONE AND EXT. _____	
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.		SOURCE OF OTHER INCOME _____	AMOUNT \$ _____	TOTAL MONTHLY INCOME \$ _____	

D. FINANCIAL INFORMATION AND REFERENCES

NAME OF BANK OR OTHER FINANCIAL INSTITUTION (Street, City, State, Zip) _____			TYPE OF ACCOUNTS <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOANS		
NAME OF RELATIVE NOT LIVING WITH YOU	NAME (Last, First, Initial) _____	PRESENT ADDRESS (Street, City, State, Zip) _____	PHONE NUMBER _____	RELATIONSHIP _____	
PERSONAL REFERENCE NOT RELATED TO APPLICANT	NAME (Last, First, Initial) _____	PRESENT ADDRESS (Street, City, State, Zip) _____	PHONE NUMBER _____		

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

LOAN APPLICATION SIGNATURES

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
X	

SIGNATURE OF CO-APPLICANT	DATE
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 13.49 % This APR will vary with the market based on the Prime Rate.	15.00%
APR for Cash Advances	13.49 % 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 when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore	

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.