



**TVA Community Credit Union**  
 TVA Reservation  
 Muscle Shoals, AL 35662- 1010  
 (256) 386-3000 • Fax (256) 248-0691



**CREDIT CARD APPLICATION**

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

**Individual Credit:** Complete **Applicant** sections if only the applicant's income is considered for loan approval.

Complete **Applicant** and **Co-Applicant** sections: (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 credit requested; (2) if you reside in a Community Property State; or (3) 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 **Applicant** and **Co-Applicant** sections 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)

**Type of Card Requested:** \_\_\_\_\_ **Number of Cards Requested** \_\_\_\_\_ **Credit Limit Requested: \$** \_\_\_\_\_

VISA CLASSIC

If Authorized user, name: \_\_\_\_\_

**SEE PAGES 2-3 FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS**

Authorized User Signature: **X** \_\_\_\_\_

APPLICANT				<input type="checkbox"/> CO-APPLICANT		<input type="checkbox"/> NON-APPLICANT SPOUSE/OTHER		<input type="checkbox"/> GUARANTOR	
NAME (Last - First - Initial)		ACCOUNT NUMBER		NAME (Last - First - Initial)		ACCOUNT NUMBER			
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME		SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME			
E-MAIL ADDRESS		FAX NUMBER		E-MAIL ADDRESS		FAX NUMBER			
BIRTH DATE	HOME PHONE/CELL PHONE	BUSINESS PHONE/EXT.		BIRTH DATE	HOME PHONE/CELL PHONE	BUSINESS PHONE/EXT.			
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
		YEARS/MONTHS AT THIS ADDRESS				YEARS/MONTHS AT THIS ADDRESS			
PREVIOUS ADDRESS (Street - City - State - Zip)				PREVIOUS ADDRESS (Street - City - State - Zip)					
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.				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 <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)				<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)					

**EMPLOYMENT**

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
HIRE DATE	POSITION	HIRE DATE	POSITION
PRIOR EMPLOYER		PRIOR EMPLOYER	

**INCOME**

<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		<b>OTHER INCOME NOTICE:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	
EMPLOYMENT INCOME (GROSS)	OTHER INCOME (GROSS)	EMPLOYMENT INCOME (GROSS)	OTHER INCOME (GROSS)
\$ _____ PER	\$ _____ PER	\$ _____ PER	\$ _____ PER

**REFERENCES**

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME NUMBER	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME NUMBER
	RELATIONSHIP		RELATIONSHIP

**STATE NOTICES**

**OHIO RESIDENTS ONLY:** 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.

**WISCONSIN RESIDENTS ONLY:** Marital Status:  Married  Unmarried  Legally Separated

If married: the name of my spouse is \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_  Spouse's Address (if different) \_\_\_\_\_

**Notice:** 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.

**MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT:** In accordance with Wisconsin Statutes section 766.55(1) by signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X \_\_\_\_\_

**SECURITY INTEREST**

**THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION.**

**IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.**

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

\_\_\_\_\_ (Applicant Initials) \_\_\_\_\_ (Co-Applicant Initials)

**PLEDGE OF SHARES**

You pledge shares of the amount and in the account specified below as security for your credit card account with TVA Community Credit Union. You authorize the Credit Union to apply these shares to what you owe on your credit card account when you are in default on your account.

Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount Pledged: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount Pledged: \$ \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
X

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
X

**CREDIT CARD APPLICATION SIGNATURES - PLEASE READ BEFORE SIGNING**

**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 Visa Credit Card Agreement (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)

**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 are accurate as of \_\_\_\_\_. You can contact us toll free at (800) 264-5578 or P.O. Box 1010, Muscle Shoals, AL 35662-1010 to inquire if any changes occurred since the effective date.

<b>INTEREST RATES and INTEREST CHARGES:</b>	
<b>Annual Percentage Rate (APR) for Purchases, Cash Advances, &amp; Balance Transfers</b>	<b>9.95%, 10.95%, 11.95%, 12.95%, or 13.95%</b> depending on your credit history.
<b>Paying Interest</b>	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 cash advance or balance transfer is posted to your account.
<b>Minimum Interest Charge</b>	None
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	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>

<b>FEES:</b>	
<b>Fees to Open or Maintain your Account</b> • Annual Fee: • Application Fee:	None None
<b>Transaction Fees</b> • Balance Transfer: • Cash Advance: • Foreign Transaction:	None None 1% of each transaction in U.S. dollars if the transaction involves a currency conversion 1% of each transaction in U.S. dollars if the transaction does not involve a currency conversion
<b>Penalty Fees</b> • Late Payment:  • Over-the-Credit Limit: • Returned Payment:	5% of the unpaid portion of the past due amount or <b>\$0.50</b> , whichever is greater, but not to exceed <b>\$100.00</b> if your payment is late 10 days or more None If your payment is returned for any reason, up to <b>\$25.00</b> for the first offense and up to <b>\$30.00</b> each if 2 or more offenses occur within 6 months.

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)."