



194 Donald Lane
Johnstown, PA 15904
(814) 266-8446
(877) 233-4907
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www.gapfcu.org

A table that includes required credit card disclosures is provided with this Application. To obtain any change in the required information since it was printed, call us toll-free at (877) 233-4907 or write to us at the address stated on this Application.



Credit Card 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 the 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 Requested: \$** _____

Applicant			Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		ACCOUNT NUMBER	NAME (Last - First - Initial)		ACCOUNT NUMBER
DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE		SOCIAL SECURITY NUMBER
E-MAIL ADDRESS					
BIRTH DATE		HOME PHONE	BIRTH DATE		HOME PHONE
		BUSINESS PHONE/ EXT.			BUSINESS PHONE/ EXT.
PRESENT ADDRESS (Street - City - State - Zip)				<input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:					
MORTGAGE BALANCE		MONTHLY PAYMENT	MORTGAGE BALANCE		MONTHLY PAYMENT
\$		\$	\$		\$
		%			%
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				START DATE	
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER	
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 _____			\$ _____ PER _____		
<input type="checkbox"/> NET <input type="checkbox"/> GROSS			<input type="checkbox"/> NET <input type="checkbox"/> GROSS		
SOURCE			SOURCE		

State Law 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: (1) 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. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X _____
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

Signatures

- You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.
- You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

X _____ (SEAL)
APPLICANT'S SIGNATURE DATE

X _____ (SEAL)
OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY APPROVED DECLINED NO. OF CARDS _____ CREDIT LIMIT \$ _____ CREDIT CARD NUMBER _____
CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE _____



CUNA Mutual Insurance Society

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 your loan**. You may select any insurer of your choice. You are applying to the Society for credit insurance. You authorize the charges for insurance to be added to your Loan Balance each month and understand that interest will accrue on these charges the same as it accrues on amounts of advance which are added to your Loan Balance.

DO NOT SIGN THIS APPLICATION IF IT CONTAINS ANY BLANK SPACES. This application is void and will not be used in a contest if all blank spaces have not been completed, if the member has not signed and dated the Application, and if the Application has not been witnessed.

The following statements made by you are representations and are true to the best of your knowledge and belief:

Are you under age NONE ? Yes No

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

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.07	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.123	

GROUP POLICY NUMBER	INSURANCE MAXIMUMS		LIFE
037-0272-9	MAXIMUM INSURABLE BALANCE PER LOAN ACCOUNT		\$40,000
ACCOUNT NUMBER	MAXIMUM AGE FOR INSURANCE		NONE
SECONDARY BENEFICIARY (If you desire to name one)	MEMBER'S DATE OF BIRTH	JOINT INSURED'S DATE OF BIRTH	

X _____
 SIGNATURE OF MEMBER DATE

(Be sure to check one of the boxes above)

X _____
 SIGNATURE OF JOINT INSURED MEMBER DATE

X _____
 WITNESS DATE



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VISA PLATINUM
Application and Solicitation Disclosure



Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	12.00%
APR for Cash Advances	12.00%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We do not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the Web site of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .
Fees	
Transaction Fees - International Service Assessment Fee	1.00% of each multiple currency transaction in U.S. dollars 0.80% of each single currency transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$10.00 Up to \$25.00

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

Effective Date.

The information about the costs of the card described in this application is accurate as of **March 1, 2011**. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

- Late Payment Fee **\$10.00** or the amount of the required minimum payment, whichever is less, if you are 30 or more days late in making a payment.
- Returned Payment Fee **\$25.00** or the amount of the required minimum payment, whichever is less.
- Rush Fee **\$35.00**
- Card Replacement Fee **\$5.00** for each additional card after first replacement