HORIZONS FEDERAL CREDIT UNION
P.O. Box 1881
120 Main St.
Binghamton, NY 13902

LOANLINER VISA

Credit Card Application

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, write to us at the address stated on 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 Requested $** _____

APPLICANT

NAME (Last – First – Initial)

ACCOUNT NUMBER | SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER/STATE | EMAIL ADDRESS

BIRTH DATE | HOME PHONE | BUSINESS PHONE/EXT.

PRESENT ADDRESS (Street – City – State – Zip) | ☐ OWN ☐ RENT | LENGTH AT RESIDENCE

MORTGAGE/RENT OWED TO:

MORTGAGE BALANCE $ | MONTHLY PAYMENT $ | INTEREST RATE %

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single – Divorced – Widowed)

EMPLOYMENT/INCOME

NAME AND ADDRESS OF EMPLOYER

START DATE

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME $ _____ PER _____ ☐ NET ☐ GROSS

OTHER INCOME $ _____ PER _____ SOURCE

OTHER

☐ CO-APPLICANT ☐ SPOUSE ☐ GUARANTOR

NAME (Last – First – Initial)

ACCOUNT NUMBER | SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER/STATE | EMAIL ADDRESS

BIRTH DATE | HOME PHONE | BUSINESS PHONE/EXT.

PRESENT ADDRESS (Street – City – State – Zip) | ☐ OWN ☐ RENT | LENGTH AT RESIDENCE

MORTGAGE/RENT OWED TO:

MORTGAGE BALANCE $ | MONTHLY PAYMENT $ | INTEREST RATE %

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single – Divorced – Widowed)

EMPLOYMENT/INCOME

NAME AND ADDRESS OF EMPLOYER

START DATE

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME $ _____ PER _____ ☐ NET ☐ GROSS

OTHER INCOME $ _____ PER _____ 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

1. 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.

2. You understand that the use of your card will constitute acknowledgement 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

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LOANLINER

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.

CUNA MUTUAL GROUP
CUNA Mutual Insurance Society
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
Single Credit Disability			$ .224	
Single Credit Life			$ .054	
Joint Credit Life			$ .087	

The Pre-Existing Exclusion of the Credit Disability contract does not apply to a Disability if the Member has been insured continuously during the six (6) months immediately preceding the beginning of the Disability.

If you are totally disabled for more than **14** days, then the disability benefit will begin with the **15th** day of disability.

MEMBER

ACCOUNT NUMBER

GROUP POLICY NUMBER **031-0898-3**

INSURANCE MAXIMUMS	DISABILITY	LIFE
MAX. MONTHLY TOTAL DISABILITY BENEFIT	$ None	N/A
MAX. INSURABLE BALANCE	$ 30,000.00	$ 55,000.00
MAXIMUM AGE FOR INSURANCE	66	70

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)
X

SIGNATURE OF JOINT INSURED (CO-BORROWER)
(Only required if JOINT CREDIT LIFE coverage is selected)
X

APP.821-1291NY/Rev.

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LOANLINER VISA

VISA PLATINUM AND VISA CLASSIC
APPLICATION AND SOLICITATION DISCLOSURE

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**Visa Platinum** **7.25% to 17.25%** when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate. **Visa Classic** **12.90%**
APR for Cash Advances	**Visa Platinum** **7.25% to 17.25%** when you open your account, based on your creditworthiness. This APR will vary with the market based on the Prime Rate. **Visa Classic** **12.90%**
APR for Balance Transfers	**Visa Platinum** **1.99% or 3.99%** Introductory APR for a period of six (6) billing cycles, based on your creditworthiness. When the discounted period expires, the APR on existing balances will increase to the new non-discount rate on the first day of the billing cycle. After that your APR will be **7.25% to 17.25%**, based on your creditworthiness. This APR will vary with the market based on the Prime Rate. **Visa Classic** **12.90%**
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 • Foreign Transaction 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	 **$19.00** **$23.00**

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

Effective Date. The information about the costs of the card described in this application is accurate as of **April 1, 2010**. This information may have changed after that date. To find out what may have changed, contact the Credit Union.

OTHER DISCLOSURES

Late Payment Fee	**$19.00**	if you are ten (10) or more days late
Statement Copy Fee	**$3.00**	
Document Copy Fee	**$19.00**	
Rush Fee	**$25.00**	
Card Abuse Reorder Fee	**$7.00**	
PIN Confirmation Fee	**$3.00**	

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