CREDIT APPLICATION

Credit Limit Requested \$ __

Check Account Choice: (Signature required for joint applicant)

☐ Individual Account

☐ Joint Account

We intend to apply for joint credit

Applicant Initials _____

Credit Line Increase

Co-Applicant Initials

IPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial
stitutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other
formation that will allow us to identify you. We may also ask to see your driver's license or other identifying documents

	Last Name			First			Middle		Social Security Number	
APPLICANT All applicable sections should be filled out completely to avoid delay in processing your application.	Date of Birth	No. of Dependents		Home Phone		Cell Phone			ent Other	Monthly Payment \$
	Current Address			City		State	Zip Code		How Long (yrs)	
	Mailing Address (if different from above)			City			State	Zip Code		How Long (yrs)
	Previous Address (if less than 2 years at present address)			City			State	Zip Code		How Long (yrs)
	Employer			Self Employed ☐ Yes ☐ No			Work Phone			Date Employed
A olicable so	Address				Position/Occupation			Monthly Gross Income \$		
e: All app to ave	Name and Address of Previous Employer (if less than 2 years at present employer)									How Long (yrs)
Note:	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness								Amount per Month \$	
	Nearest Relative (Not Living With Yo				Home Phone			Relationship		
	Last Name	ast Name			First		Middle		Social Security Number	
CO-APPLICANT Intended for joint applicant, this information is not required for an individual account.	Date of Birth	No. of Dependents		Home Phone		Cell Phone	Own Rent Other			Monthly Payment \$
	Current Address			City		State	Zip Code		How Long (yrs)	
	Previous Address (if less than 2 years at present address)			City			State	Zip Code		How Long (yrs)
Intende	Employer			Self Employed ☐ Yes ☐ No			Work Phone			Date Employed
	Address Position/Occupation							Monthly Gross Income \$		
0 >	Name and Address of Creditor		Name under V	Vhich Account is	Carried	Account Num	ber	Balance		Monthly Payment
REDIT INFO	1. Home Mortgage/Rent									-3
CRED Attach Sheets If	2. Bank Credit Card/Bank Name and	Address					9			
ပ္သ	PLEASE READ THE FOLLOWING	CAREFULLY B	EFORE SIGNIN	NG: This stateme	ent is submitted	to obtain credit	and I/we certify tha	it all information	herein is true	and complete. I/We agree that
SIGNATURES	inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance									
F	of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time									
Ž	time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.									
်္တ ၂	XApplicant Signature				Date Co-Applicant Signature					Date
	Upon approval. I wish to transfer my	present balance	on the credit ca							Date
E A SI	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.									
TRANSFER OF BAL REQUEST	☐ Credit Card Account Number	¥7.1	Amount to be transferred \$							
下。現	Signature									
FOR ERNAL EONLY	Visa Account No.									
당 문 다	Date Approved			Credit Line				Approved By		

West Metro Schools Credit Union, Hopkins, MN 55305

FOLD AND SECURE WITH TAPE FOR MAILING

Application ©2009 FIS* 10/15

All contents including rates, fees and premiums are accurate at the time of printing, for changes that may have been made after printing please call (952) 988-4165.

Interest Rates and Interest Charges	Visa® #1	Visa® #2	Visa® #3				
Annual Percentage Rate (APR) for Purchases	10.90% 12.90% 14.90 Fixed Fixed Fixed						
APR for Balance Transfers	10.90% Fixed	12.90% Fixed	14.90% Fixed				
APR for Cash Advances	10.90% Fixed	12.90% Fixed	14.90% Fixed				
Penalty APR and When it Applies	None						
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases if you pay your entire balance by the due date. We will begin charging interest on cash advances on the transaction date.						
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 web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .						
Fees **	Visa® #1	Visa [®] #2	Visa® #3				
Annual Fee	None	None	None				
Transaction Fees							
Balance Transfer	None						
Cash Advances	None						
Foreign Transaction .	Up to 1.0 %						
Penalty Fees							
Late Payment	None						
Over-the-Credit Limit	None						
Returned Payment	Up to \$20.00						
Other Fees							
Pay by Phone	\$10.00						

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases).* An explanation of this method is provided in your account agreement. Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.