

**VISA PLATINUM CREDIT CARD APPLICATION**  
**PYRAMID FEDERAL CREDIT UNION**  
 PO BOX 12100  
 85732-2100

There are costs associated with the use of a credit card.  
 To learn about these costs, write to us at the address  
 on this application or call us toll free at 800-947-9726.

Complete the following and return it to us today! We accept applications via mail, fax, or by visiting one of our branch locations.

**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, 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
- Joint Credit:** Each applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the applicant, mark the Co-Applicant box and Spouse box.
- Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.  **Credit Limit Requested: \$**

Please type or Print

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 NUMER/STATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMER/STATE		SOCIAL SECURITY NUMBER
E-MAIL ADDRESS (optional) ++			MOTHER'S MAIDEN NAME		
++ If you provide us with an e-mail address we may use it to contact you about your account or send you information about other services.			++ If you provide us with an e-mail address we may use it to contact you about your account or send you information about other services.		
BIRTHDATE	HOME PHONE ( )	BUSINESS PHONE/EXT. ( )	BIRTHDATE	HOME PHONE ( )	BUSINESS PHONE/EXT. ( )
PRESENT ADDRESS (Street - City - ST - ZIP)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH RELATIVE <input type="checkbox"/> OTHER: YRS AT ADDRESS:	PRESENT ADDRESS (Street - City - ST - ZIP)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH RELATIVE <input type="checkbox"/> OTHER: YRS AT ADDRESS:
PREVIOUS ADDRESS (if at your current address less than 2 yrs)			PREVIOUS ADDRESS (if at your current address less than 2 yrs)		
MORTGAGE/RENT OWED TO			MORTGAGE/RENT OWED TO		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %	MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
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)			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: _____	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.			NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME \$ _____ PER _____		OTHER INCOME \$ _____ PER _____	EMPLOYMENT INCOME \$ _____ PER _____		OTHER INCOME \$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE	<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE
PREVIOUS EMPLOYMENT (if at your current employment less than 2 yrs) End Date / /			PREVIOUS EMPLOYMENT (if at current employment less than 2 yrs) End Date / /		
<b>AUTOMATIC PAYMENT (please complete section A and choose one option from section B)</b>					
A. <input type="checkbox"/> I would like my payment debited from the account below:  Transit Routing # _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings			B. <input type="checkbox"/> Debit my account for the full balance each month  <input type="checkbox"/> Debit my account for \$ _____ each month  <input type="checkbox"/> Debit my account for the minimum payment each month		
<b>-----AUTHORIZATION - PLEASE SIGN HERE -----</b>					
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 and contact any source necessary to verify the information 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 of any credit bureau from which it received a credit report on you. You agree that the Credit Union may report information about your account to Credit Bureaus.			It is a federal crime to willfully and deliberately provide incomplete information on loan applications made to federal credit unions. 2. 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 deposit 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.		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 X / /             </div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 X / /             </div>			
APPLICANTS SIGNATURE		DATE		CO- APPLICANTS SIGNATURE	
DATE		DATE		DATE	
<b>Credit Union Use Only:</b> Branch: _____ Acct # _____ Loan Officer _____ Approved By _____ Credit Line \$ _____					

**ELECTION OF CREDIT INSURANCE**

“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 agree to pay the charge shown.

You are eligible for disability insurance only if you are working for wages or profit for twenty five 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 a temporary layoff, strike, or vacation, but soon to resume, you will 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 LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

- The insurance product is not insured by the Government of the FDIC.
- The insurance product is not guaranteed by Pyramid Credit Union.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER(S)- PLEASE PRINT NAME(S)
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	15 CENTS	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	5.5 CENTS	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	8.3 CENTS	
IF YOU ARE TOTALLY DISABLED FOR MORE THAN 30 DAYS, THEN		THE DISABILITY BENEFIT WILL BEGIN WITH THE 31 <sup>ST</sup> DAY OF DISABILITY		
ACCOUNT NUMBER:		INSURANCE MAXIMUMS		DISABILITY      LIFE
		TOTAL MONTHLY BENEFIT		\$ 600      N/A
SECONDARY BENEFICIARY (if you desire to name one)		INSURABLE BALANCE PER LOAN ACCOUNT		\$ 30,000      \$30,000
		LOAN ACCOUNT		
		MAXIMUM AGE FOR INSURANCE		66      70
DATE:	BORROWERS' DATE OF BIRTH:		DATE:	CO-BORROWER'S DATE OF BIRTH:
▶		▶		
SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED		SIGNATURE OF CO-BORROWER ELIGIBLE TO BE INSURED		

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	8.99%, 11.88%, or 15.00%, based on your credit score at application.
APR for Balance Transfers	8.99%, 11.88%, or 15.00%, based on your credit score at application.
APR for Cash Advances	8.99%, 11.88%, or 15.00%, based on your credit score at application.
Penalty APR and When it Applies	None
How to Avoid Paying Interest	Your due date is at least 21 days after the close of each billing cycle. There is no grace period. We do not charge you interest 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 website of the Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a> .

Fees	
<b>Set-up and Maintenance Fees</b> <ul style="list-style-type: none"> <li>• Annual Fee</li> <li>• Replacement Card Fee</li> </ul>	<b>None</b> <b>\$10.00</b>
<b>Penalty Fees</b> <ul style="list-style-type: none"> <li>• Late payment</li> <li>• Returned payment</li> <li>• Returned "credit card check"</li> </ul>	<b>\$15.00</b> <b>\$25.00</b> <b>\$25.00</b>

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

**How Long Will the Penalty APR Apply?** If your APR is increased for the above reason, the Penalty APR will apply until you make six consecutive minimum payments when due.

**Effective Date:** The information about the costs of the card described in this application is accurate as of July 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 is \$15.00 if you are ten (10) or more days late.

If your card is lost or stolen and/or you request a new card, the \$10.00 Replacement Card fee may be reflected on your monthly statement.

**Billing rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.