Cedar Point Federal Credit Union MasterCard Application

Check Card Choice:
☐ Platinum ☐ Classic
☐ Gold ☐ Share Secured

Check Only if Requesting Change:
☐ Credit Limit Increase/Decrease
Credit Limit Requested $_____

Check Account Choice:
☐ Individual Account
☐ Joint Account

APPLICANT ☐ Name Change Only

CPFCU Account Number:_____
Name:_____
Address:_____
City:_____State:_____Zip:_____
Phone(H):_____ (W):_____
Phone(C)_____
Employer:_____
Position:_____
Years there:_____Yearly income: $_____
Birth date:_____/_____/_____SS#_____-_____-_____
Mother's maiden name:_____

APPLICANT ☐ Name Change Only

CPFCU Account Number:_____
Name:_____
Address:_____
City:_____State:_____Zip:_____
Phone(H):_____ (W):_____
Phone(C)_____
Employer:_____
Position:_____
Years there:_____Yearly income: $_____
Birth date:_____/_____/_____SS#_____-_____-_____
Mother's maiden name:_____

CREDIT INFORMATION (Attach additional sheet if necessary)
If joint provide credit information for both parties.

Name of Creditor	Account Number	Monthly Payment
Mortgage/Rent		
Other		

Source of Additional Income:*
Annual Amount:

$_____
* Alimony, child support, or other income need not be revealed if you do not want us to consider it in evaluating your application.

Personal Reference (Nearest Relative and Relationship)

Name:_____
Address: _____
City:_____State:_____Zip:_____
Home Phone:(_____)_____-_____

Please attach or bring a pay stub when returning this application.

For Authorized User Only (other than applicant or co-applicant)
If approved, please emboss a MasterCard for:

_____

I understand by signing this application that I am requesting this person to be an authorized user and that he/she will not be responsible for paying any debts or charges that they may incur through the use of the card.
I further agree to repay all debts and finance charges made by the above named person to whom I have authorized a card. I understand that this responsibility will continue until the balance is paid in full and the card is returned to Cedar Point Federal Credit Union.

X_____
Authorized User's Signature

Birth date:_____/_____/_____SS#_____-_____-_____

By signing this application, you agree that the information supplied by you on this application is true and complete. You understand that inquiries will be made to verify information and that credit references or verification may be given based on inquiries from other sources. Approval of this application is subject to the credit policies of this institution. By use of the card you acknowledge receipt and agree to the terms of the cardholder agreement. Retain the cardholder agreement for your records. If this is a joint application, the undersigned shall be jointly and severally liable for any and all Credit Extended.
You agree that should you default or become delinquent, the credit union may apply any shares on deposit against your account balance.

X_____
Signature of Applicant Date

X_____
Signature of Co-Applicant Date

Annual Percentage Rate (APR) for purchase	**Platinum 7.00%** **Gold 8.00%** **Classic 9.90%** **Credit Builder** **13.38% -14.38%*** *When you open your account, based on your creditworthiness. Your APR will vary with the market based on the prime rate.
APR for Cash Advances and Balance Transfers	Platinum 7.00% Gold 8.00% Classic 9.90% Credit Builder 13.38% -14.38%* *When you open your account, based on your creditworthiness. Your APR will vary with the market based on the prime rate.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any 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 website of the Federal Reserve Board at www.federalreserve.gov/creditcard.

Annual Fee	None	
Transaction Fees	Balance Transfer	None
	Cash Advance	None
	Foreign Transaction	1% of each transaction in US dollars
Penalty Fees	Late payment	$15.00
	Over-the-credit limit	None
	Returned payment	$20.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."
The information listed above was accurate as of 10.11. Rates and terms are subject to change. Please contact us at 800-201-1647 for current information.