



You get more with a



# MasterCard

## Our card offers:

- ✓ Lower rates than most financial institutions
- ✓ Same low rate for purchases, transfers or cash advances
- ✓ Buying power anywhere MasterCard is accepted
- ✓ No annual fees
- ✓ 25-day grace period on purchases
- ✓ Easy 24-hour ATM cash access
- ✓ Low fixed interest rate
- ✓ Manage & make payments to your card conveniently in the office or online

## Business Hours (Lobby & Drive-Up)

Mondays, Tuesdays, Thursdays, Fridays  
8:30 a.m. - 5:00 p.m.

Wednesdays  
9:30 a.m. - 5:00 p.m.

Saturdays  
9:00 a.m. - 1:00 p.m.

## My Card Info & My Card Alerts

- Make payments
- Check card activity
- Receive alerts when your card is used

Protect Your Card with My Card Alerts register your debit or credit card and receive alert notices when your card is used via email or text.



802 W. 29th Street, Cedar Falls, Iowa 50613  
PH: (319) 273-2479 FX: (319) 266-3761

Web: [www.unite-cu.org](http://www.unite-cu.org)

Email: [memberservices@unite-cu.org](mailto:memberservices@unite-cu.org)



Change to Federally insured by NCUA.  
Equal Housing Opportunity Lender. 11/2014



## MASTERCARD APPLICATION



**MEMBER COPY**

**MILITARY LENDING ACT NOTICE**

Beginning on October 3, 2017, Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account.)

To hear this same disclosure and a general description of your payment obligations for this credit card account, please call us toll-free at (844) 443-4474 during normal business hours.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGN AND RETURN WITH APPLICATION.**

Military Lending Act Notice Beginning on October 3, 2017 Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account.)

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please cut along dotted line, keep this portion and return the Credit Union Credit Card Request Form.



**CREDIT UNION CREDIT CARD REQUEST FORM**

<b>Member Number</b> <i>(share savings account number):</i>	<b>Check one:</b> <input type="checkbox"/> A joint account <input type="checkbox"/> An individual account <input type="checkbox"/> An individual with authorized user	<b>For Credit Union use only</b>	MasterCard Acct. #		
			CL	NP	APP

**PLEASE INCLUDE**  
 1. A recent paycheck stub, or latest 1040

Please Print the Following Information (use blue or black ink):

PERSONAL INFORMATION					
First Name		Middle		Last	
Street Address				Apt. No.	
City		State		Zip Code	
Date of Birth (Mo/Day/Yr)	Time at Present Address Years: Mo:		Mother's Maiden Name		
<input type="checkbox"/> Rent	<input type="checkbox"/> Own/Mortgage	<input type="checkbox"/> Board	Monthly Payment \$		
Home Phone Number ( )			Cell Phone Number ( )		
Social Security Number			Credit Union Member Number		

EMPLOYMENT AND INCOME					
Present Employer (Company Name)			Business Phone Number ( )		
Employer Street Address		City	State	Zip Code	
Current Position			Time With The Company Years: Mo:		
Annual Income* □□□,□□□			*Income such as alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		
Previous Employer (if less than 2 years at present)			Time there Years: Mo:		

JOINT APPLICANT INFORMATION					
First Name		Middle		Last	
Street Address				Apt. No.	
City		State		Zip Code	
Date of Birth (Mo/Day/Yr)	Time at Present Address Years: Mo:		Mother's Maiden Name		
<input type="checkbox"/> Rent	<input type="checkbox"/> Own/Mortgage	<input type="checkbox"/> Board	Monthly Payment \$		
Social Security Number			Home Phone Number ( )		

JOINT APPLICANT - EMPLOYMENT					
Present Employer (Company Name)			Business Phone Number ( )		
Employer Street Address		City	State	Zip Code	
Current Position			Time With The Company Years: Mo:		
Annual Income* □□□,□□□			*Income such as alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		
Previous Employer (if less than 2 years at present)			Time there Years: Mo:		

PERSONAL REFERENCE					
Name of a Close Friend or Relative Not Living With You					
Street Address		City	State	Zip Code	
Home Phone Number ( )			Cell Phone Number ( )		

DISCLOSURE AND SIGNATURE					
Authorization: I certify that I am at least 18 years of age, and that I have read and agree to all the terms, authorizations and disclosures contained on the attached form and that everything I have stated in this certificate is true and correct. I authorize the credit union named on this certificate to check my credit record and to verify my credit, employment, and income references. I understand that the use of any card issued in conjunction with this offer will constitute my acceptance of and will be subject to the terms and conditions of this Card Agreement. I understand that the terms of my account are subject to change as provided in this Card Agreement.					
Signature _____				Date (Mo. Day Yr.) / /	
If you have not attained the age of 21 and are applying for individual credit, we will consider your independent ability to pay with the information you provide. You may include a cosigner with this application who has attained the age of 21 in which we will consider their ability to pay with the information provided with the application.					
Joint/Cosigner Applicant Signature _____				Date (Mo. Day Yr.) / /	