

Credit Disclosure

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases.	Rates from 8.9%*
APR for Balance Transfers	Rates from 8.9%*
APR for Cash Advances	Rates from 8.9%%*

*Rates shown are non-variable and subject to change. Your rate may vary based on individual creditworthiness and our underwriting standards.

Penalty APR and When it Applies	NONE
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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.
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Minimum Interest Payment	If you are charged interest, the charge will be no less than \$0.50.
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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 .
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Fees

Annual Fee	NONE
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Transaction Fees	Balance Transfer Fee: NONE Cash Advance Fee: NONE Foreign Transaction Fee: Up to 1% of the converted transaction amount
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Penalty Fees	Late Payment Fee: Up to \$25.00 Over-the-Credit Limit Fee: NONE Returned Payment Fee: Up to \$25.00
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Other Fees	NONE
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SEE PAGE TWO FOR MORE IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Platinum VISA



Georgia Florida
United Methodist
FEDERAL CREDIT UNION

Apply Today!

No Annual Fee • Non-Variable Rate • No Balance Transfer Fee

How we will calculate Your Balance: We will use a method called "average daily balance (including new purchases)". See your account agreement for more details.

We will end your introductory APR and apply the Penalty Rate if you make a Late Payment.

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



- Account Choice
(Check Only One)
- Individual Account
 - Joint Account
 - Credit Limit Increase
 - Individual Account with Authorized User

Applicant

Account# _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Social Security Number _____ Date of Birth _____
 Home Phone _____ Work Phone _____
 Cell Phone _____
 Mortgage/Rent Payment \$ _____
 Annual Salary \$ _____

Referred by: _____
 Employer _____ How Long? _____
 Limit Request \$ _____ You must have verifiable income.

Co-Applicant

Name _____
 Social Security Number _____ Date of Birth _____
 Home Phone _____ Work Phone _____
 Cell Phone _____
 Annual Salary \$ _____
 Employer _____ How Long? _____

READ THIS STATEMENT BEFORE SIGNING. By returning this application to the Credit Union, I/we promise that everything stated herein is correct to the best of my/our knowledge and that the I/we authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. I/we understand that the Credit Union will rely on both the representations I/we make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested. I/we agree to immediately notify you of changes to any of the information provided in this application. I/we agree that my/our account will be subject to the terms and conditions of all applicable Agreement and Disclosure Statement that will accompany my Card(s) when issued; and that a photocopy or facsimile of this application shall be as binding as the original.

Authorized User/Card. I/we also request that an additional card be issued in the name identified below as Authorized User for use by this person. The undersigned specifically acknowledge their responsibility for all purchases and/or cash advances made by the Authorized User or anyone the Authorized User allows to use any card(s) issued in connection with your credit card account. The Authorized User acknowledges his or her responsibility for all purchases and cash advances they make or authorize.

Applicant's Signature
Date
Co-Applicant's Signature
Date
Authorized User -- Print Name(s)

SECURITY AGREEMENT AND PLEDGE. By signing this application, acceptance or authorized use of any credit card(s) issued, I/we pledge our shares per any other agreements with the Credit Union to secure payment of my/our obligations on this account. Shares mean all deposits in any share savings, share draft, club, or other account(s), whether jointly or individually held, all of which are deemed "general deposits," for the purpose of your pledge. Additional Security: I/we understand that collateral securing other loans will secure this account; and that property purchased with my/our credit card(s) will also secure this account.

TRANSFER OF BALANCE REQUEST

Upon approval, please transfer the balance on the credit card account(s) listed below as a cash advance to my GEORGIA FLORIDA UNITED METHODIST FEDERAL CREDIT UNION credit card. I have included a copy of my last statement showing the remittance address and account number. The transfer requests can not exceed your credit line limit. It will be your responsibility to close the account(s), if you choose.

Account# _____	Account# _____	Account# _____
Card Issuer _____	Card Issuer _____	Card Issuer _____
Issuer Address _____	Issuer Address _____	Issuer Address _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Amount to Transfer \$ _____	Amount to Transfer \$ _____	Amount to Transfer \$ _____

* Rates are based on the credit worthiness of the applicant and are subject to change.



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