



COMPLEX COMMUNITY FCU CREDIT CARD APPLICATION

- VISA Platinum VISA Share-Secured
 Individual Application Joint Application

Credit Limit Requested \$ _____

*You do not have to disclose alimony, child support, spousal income, separate maintenance income or its source, unless you want us to consider it in connection with this application.

INFORMATION REGARDING APPLICANT

First Name	Initial	Last Name	
Address			Years at Address
City		State	ZIP
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment		Home Phone
Social Security Number			Date of Birth
Employer or Source of Income*			Business Phone
Employer's Address			
Position	Gross Monthly Income	Years Employed	
Mother's Maiden Name			
Reference ~ Name, Phone			

INFORMATION REGARDING CO-APPLICANT

First Name	Initial	Last Name	
Address			Years at Address
City		State	ZIP
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment		Home Phone
Social Security Number			Date of Birth
Employer or Source of Income*			Business Phone
Employer's Address			
Position	Gross Monthly Income	Years Employed	
Mother's Maiden Name			
Reference ~ Name, Phone			

SECURITY INTEREST

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 what you owe under the Agreement and if you have applied for a credit card, under the Credit Agreement. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under the state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits. By signing below, I/we request a Complex Community Federal Credit Union (CCFCU) Credit Card as indicated above. By my use of the card, I acknowledge receipt of, and agree to be bound by the provisions of the Credit Agreement and Disclosures which I will receive from CCFCU upon issuance of my card. I/we authorize CCFCU to pull my/our credit for review.

Balance Transfer Request

Complete this form to pay your outstanding balances. You can transfer one, two or three balances to your new Complex Community Federal Credit Union credit card account.

CARD ISSUER #1

Name of Card Issuer
Payment Address
Street Address/P.O. Box
City, State, ZIP
Account Number
Exact Amount to be Paid/Transferred:

CARD ISSUER #2

Name of Card Issuer
Payment Address
Street Address/P.O. Box
City, State, ZIP
Account Number
Exact Amount to be Paid/Transferred:

By completing this Balance Transfer Form, I am authorizing payment of my outstanding major credit card balance(s) by utilizing my Complex Community Federal Credit Union VISA. I understand payment of balance(s) indicated is/are subject to approval by Complex Community Federal Credit Union and in receipt of complete legible Balance Transfer Form. I agree that this/these transferred balance(s) shall be treated as a retail transaction with no grace period according to the terms set forth in the VISA/ Disclosure and Terms which accompanied the credit card. I understand payment of these amount(s) authorized by me may not pay off the total outstanding balance(s) of the designated account(s) and that I will continue to be responsible for those balances that remain unpaid. The Balance Transfer Form may not be used to make payments towards amounts I owe to Complex Community Federal Credit Union, to myself or to cash.

NOTICE: I/we agree the information provided on this application is submitted for the purpose of obtaining credit and is certified to be true, complete and correct. I/we authorize Complex Community Federal Credit Union hereinafter referred to as "you" and "your" to verify the correctness of the information provided and to obtain any other information which you require to appraise my/our application. I/we agree to either be bound by all provisions of the issuer's initial disclosures, which will be mailed with my/our credit card or I/we may rescind my/our agreement with you by returning such cards unused and cut in half, within 30 days from the date of receipt. I/we understand that such rescission does not affect my/our liability incurred for the use of such cards prior to rescissions. Also, I/we agree that you may change the terms of such agreement or the terms of your Truth-In-Lending Statement at any time. Such change will apply to the balance of my/our account on the date you make them effective. Each person signing this application agrees to jointly and separately be responsible for payment of the account. I/we understand that my request for a credit card is subject to approval and that if I/we have requested a MasterCard or VISA Platinum and do not qualify for the requested card, I/we may qualify for a Share-Secured VISA.

SUMMARY OF TERMS

Interest Rates and Interest Charges		
	VISA Platinum	VISA Share-Secured
Annual Percentage Rate (APR) for Purchases	6.9% to 16.9% when you open your Account, based on your creditworthiness.	16.9% when you open your Account.
APR for Balance Transfers	6.9% to 16.9% when you open your Account, based on your creditworthiness.	16.9% when you open your Account
APR for Cash Advances	6.9% to 16.9% when you open your Account, based on your creditworthiness.	16.9% when you open your Account
Penalty APR and When it Applies	None	
How to Avoid Paying Interest on Purchases	Your due date is at least 20 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.	
Minimum Finance 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 website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .	

Fees	
Foreign Transaction Fee	1% on all international transaction amounts even if the transaction is conducted in U.S. dollars
Annual Fee	None
Penalty Fees	<ul style="list-style-type: none"> • \$15 • \$15 at any time during billing cycle (one time only) • \$25

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

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Phone – 432.550.9126

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