GENISYS CREDIT UNION VISA PLATINUM CREDIT CARD APPLICATION

Choose One:
☐ New Visa Platinum Credit Card
☐ Increase Credit Limit on present card

Please Choose One:
☐ Individual Account
☐ Joint Account (Co-Applicant)

Credit Union Account #

I would like my payment transferred from my: ☐ Savings Account ☐ Checking Account ☐ Other _____
I would like : ☐ Credit Life ☐ Disability

Please tell us about yourself

Last Name	First	Middle	Birthdate	Social Security #
Street Address		Monthly Housing Payment $	☐ Lot Rent ☐ Rent ☐ Own ☐ Live with parents	
City	St	Zip	Home Phone	Email address
Employer		Business phone		Hire Date
Street Address	City	St	Zip	Gross Salary* $ ☐ Wk ☐ Mo ☐ Yr

Please tell us about your co-applicant (if applicable)

Last Name	First	Middle	Birthdate	Social Security #
Street Address		Monthly Housing Payment $	☐ Lot Rent ☐ Rent ☐ Own ☐ Live with parents	
City	St	Zip	Home Phone	Email address
Employer		Business phone		Hire Date
Street Address	City	St	Zip	Gross Salary* $ ☐ Wk ☐ Mo ☐ Yr

References (family member not living with you)
Last Name_____ First _____Phone Number: (_____)_____
Address_____ City _____St _____ Zip_____

Other references
Last Name_____ First _____Phone Number: (_____)_____
Address_____ City _____St _____ Zip_____

Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish it considered as a basis for repaying this obligation.

Everything I have stated in this application is true to the best of my knowledge, and is an accurate statement of my obligations and the income upon which I will rely to repay this credit requested. I understand you will not return this application. You are authorized to check my credit and employment history. I agree that I will be bound by all the terms and conditions governing the charge card account, a copy of which will be mailed to me. (If joint account, read singular pronouns in the plural). Card(s) will be issued as name is printed.

X_____
Signature of applicant   Date

X_____
Signature of co-applicant   Date

_____
Print Name (as it should appear on card)

_____
Print Name (as it should appear on card)

TO BE COMPLETED BY APPLICANT FOR AUTHORIZED USER ONLY

I understand that the authorized user, _____, Social Security Number _____
birth date _____, is an authorized user on my VISA and that I alone am responsible for all purchases and advances charged to my account by the above mentioned authorized user.

X_____
Member's Signature   Date   Social Security Number   Birth Date

CREDIT UNION USE ONLY   **Date:** _____   ☐ Approved   ☐ Denied

Number of Cards _____   Credit Limit _____   Loan Officer _____Number _____

Comments _____

Balance Transfer Request Form

Complete only if you wish Genisys® Credit Union to pay-off an existing balance(s) on any non-Genisys major credit card or loan.

Name	Phone	Credit Union Acct Number

☐ **I hereby authorize Genisys® Credit Union to pay-off the balance(s) due on the following major credit cards or loans by means of a CASH ADVANCE charged to my Genisys® Credit Union VISA®**

Name of Financial Institution or Business

Account Number	Amount to be Paid $	
Address	City	State	Zip

Name of Financial Institution or Business

Account Number	Amount to be Paid $	
Address	City	State	Zip

I understand that Genisys® Credit Union is not responsible for my payment being late or lost in the mail. I also understand that there may be outstanding charges on my account and this advance may not pay-off the total balance due. I further understand that if there is an insufficient limit on my Genisys VISA® account, that you (Genisys® Credit Union) will pay-off my balances in order listed and return any accounts that cannot be paid in full.

Please Note: It is your responsibility to close out your charge account(s) at the above named institution(s) if you wish to do so. (This will help you avoid any annual fees that may be assessed to that account.)
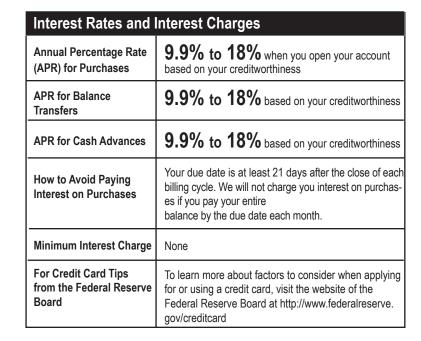
Member's Signature	Date

Complete & mail to: Genisys Credit Union
Electronic Services Department
P.O. Box 436034
Pontiac, MI 48343-6034

Or Fax to: 248-322-6512

GENISYS CREDIT UNION

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases	**9.9%** to **18%** when you open your account based on your creditworthiness
APR for Balance Transfers	**9.9%** to **18%** based on your creditworthiness
APR for Cash Advances	**9.9%** to **18%** based on your creditworthiness
How to Avoid Paying Interest on Purchases	Your due date is at least 21 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 Interest Charge	None
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 http://www.federalreserve.gov/creditcard

Fees

Annual Fee/Monthly Fee	None
Transaction Fees • **Balance Transfer** • **Cash Advance** • **Foreign Transaction**	None None 1% of each transaction in U.S. dollars
Penalty Fees • **Late Payment** • **Over-the-Credit Limit** • **Returned Payment**	Up to $25 None $28

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