



# Credit Card Application



## Community Financial Services Federal Credit Union

### Type of Cards Offered

VISA Platinum with rewards, Gold with rewards, Classic

Applicant Information				Co-Applicant Information			
First Name	Initial	Last Name		First Name	Initial	Last Name	
Social Security Number		Date of Birth		Social Security Number		Date of Birth	
Home Phone Number	Work Phone	Monthly Mortgage		Home Phone Number	Work Phone	Monthly Mortgage	
Current Street Address		Apt. No.	Since (Year)	Current Street Address		Apt. No.	Since (Year)
City		State	Zip	City		State	Zip
Current Employer			Hire Date	Current Employer			Hire Date
Position	Employer Address			Position	Employer Address		
Monthly Gross Income		Annual Household Income		Monthly Gross Income		Annual Household Income	
\$		\$		\$		\$	

Balance Transfer Request		
Upon approval, I authorize Community Financial Services FCU to transfer the balance(s) on the credit account(s) listed below to my new credit card. (Please send a copy of your last statement(s). Attach a separate sheet if you wish to payoff more than three accounts.)		
Creditor Name	Account Number	Exact Amount to Pay
Payment Mailing Address		
Creditor Name	Account Number	Exact Amount to Pay
Payment Mailing Address		
Creditor Name	Account Number	Exact Amount to Pay
Payment Mailing Address		

**PLEASE READ CAREFULLY BEFORE SIGNING** This statement is submitted to obtain credit and I / we certify that all information herein is true and complete. I / we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / we agree to be bound by the terms and conditions of the credit union card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. I / we agree to give Community Financial Services FCU a lien and security interest on all present and future shares in my / our name to secure the prompt payment and proper performance of my/our obligation under the credit card agreement. Please see reverse side for additional disclosure.

Applicant's Signature	Date	Co-Applicant's Signature	Date

## Credit Card Disclosure Statement

<u>Annual Percentage Rates</u>	
VISA Platinum	<b>8.50%</b>
VISA Gold	<b>11.50%</b>
VISA Classic	<b>14.50%</b>
Annual Fee	None
Over Limit Fee	None
Grace Period For Purchases	25 Days
Method of computing Balance For Purchases	Average Daily Balance Including New Purchases
Minimum Payment Required	3% Of Outstanding balance Or \$15.00 Whichever is Greater
<b>Miscellaneous Fees:</b>	
Cash advance	2.00% min. \$2, max. \$10
Balance Transfer Fee	None
Late Payment Fee	\$20.00
Returned Check Fee	\$25.00
Replacement Card Fee	\$5.00

At the date this application was printed (May. 2009), the information above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to: Community Financial Services, 149 St. George Ave. Roselle, NJ 07203 or by visiting [www.cfsfcu.com](http://www.cfsfcu.com)

\*APR=Annual Percentage Rate. Your APR may vary. It is determined for each billing period as follows: We start with the dividend rate paid on your Regular Share Savings Account during the most recent accounting period and by adding 7.50% for Platinum cards, 10.50% for Gold cards, and 13.50% for Classic cards. In no case will the APR for any card exceed 18.00%. Penalty Rate: If your account becomes delinquent 90 days or greater, a rate of 18.00% will be assessed. If the account subsequently becomes current for 3 consecutive billing cycles, the original APR will be reinstated.

\*\* A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within the 25 day period, a Finance Charge will be imposed on the unpaid average daily balance of such credit purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment, if more than 25 days from the closing date.

The Finance Charge for the billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments received and credits as posted to your account, but excluding any unpaid Finance Charges.

A Finance Charge will be assessed on cash Advances from the date of the Cash Advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made.