



# Credit Card Application

A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, call us toll free at \_\_\_\_\_.

Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

- Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
  - you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI);
  - your spouse will use the account, or
  - you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** Each Applicant must **individually** complete appropriate section below. If Co-Borrower is spouse of the applicant, mark the Co-Applicant box.

**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.  Credit Limit Requested \$ \_\_\_\_\_

APPLICANT	OTHER
<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR	
NAME (Last - First - Initial)	NAME (Last - First - Initial)
ACCOUNT NUMBER	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICENSE NUMBER/STATE
EMAIL ADDRESS	EMAIL ADDRESS
BIRTH DATE	BIRTH DATE
HOME PHONE	HOME PHONE
BUSINESS PHONE/EXT.	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	PRESENT ADDRESS (Street - City - State - Zip)
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
LENGTH AT RESIDENCE	LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO:	MORTGAGE/RENT OWED TO:
MORTGAGE BALANCE	MORTGAGE BALANCE
MONTHLY PAYMENT	MONTHLY PAYMENT
INTEREST RATE	INTEREST RATE
\$	\$
%	%
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)
EMPLOYMENT/INCOME	EMPLOYMENT/INCOME
START DATE	START DATE
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
EMPLOYMENT INCOME	EMPLOYMENT INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	<input type="checkbox"/> NET <input type="checkbox"/> GROSS
OTHER INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
SOURCE	SOURCE

**STATE LAW NOTICES**  
**OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

**X**  
SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

### SIGNATURES

1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. 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 your credit card account. 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 state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

**X** (SEAL)  
APPLICANT'S SIGNATURE DATE

**X** (SEAL)  
OTHER SIGNATURE DATE

### CREDIT UNION USE ONLY

APPROVED NO. OF CARDS \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_  
 DECLINED CREDIT COMMITTEE OR LOAN OFFICER SIGNATURE \_\_\_\_\_



## OVER-THE-CREDIT LIMIT COVERAGE CONSENT

### YOUR RIGHT TO REQUEST OVER-THE-CREDIT LIMIT COVERAGE

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage.

If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of up to \$ \_\_\_\_\_.

You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.

Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit.

If you want over-the-credit coverage and allow us to authorize transactions that go over your credit limit, please:

- Call us at \_\_\_\_\_; or
- Check or initial the box below, and return the entire document to us at:

### CONSENT FORM FOR OVER-THE-CREDIT LIMIT TRANSACTIONS

#### ADD COVERAGE

I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of up to \$ \_\_\_\_\_. I have the right to cancel this coverage at any time.

#### REMOVE COVERAGE

I **do not** want over-the-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.

Name(s) on Account: \_\_\_\_\_

Member No: \_\_\_\_\_ Credit Card Account No: \_\_\_\_\_

### AUTHORIZATION

If there are multiple owners on the Credit Card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the over-the-credit limit coverage.

*By signing below, you agree to the terms of the over-the-credit limit coverage. If you selected "Add Coverage," you authorize the Credit Union to accept transactions that exceed your credit limit. You understand that if you go over your credit limit, you will be charged a fee. If you selected "Remove Coverage," you understand that the Credit Union may deny any credit card transactions that go over your credit limit. You further understand that this coverage will not go into affect or be removed, based on your selection above, until the Credit Union receives this Consent document from you.*

**X**

MEMBER/OWNER SIGNATURE

DATE

**X**

JOINT OWNER SIGNATURE

DATE

### CREDIT UNION COVERAGE ACKNOWLEDGMENT

SIGNATURE OF CREDIT UNION EMPLOYEE:

**X**

EFFECTIVE DATE:

Coverage added

Coverage removed

# REQUEST TO ADD AUTHORIZED USER

New Horizons Credit Union, Inc.  
637 Vine Street,  
Cincinnati, OH 45202

Last Name	First Name	Account Number	
Address		City	State Zip
Visa Account Number			

I request that New Horizons Credit Union, Inc. add the following individual as an authorized user on my Visa credit card account.

Last Name	First Name	DOB	
Address		City	State Zip
Social Security Number	Home Phone	Mobile Phone	
Mother's Maiden Name	Name As It Should Appear on the Card		

### Add Authorized User Terms and Conditions

Here are some things you, as the primary cardholder, should know about adding an authorized user to your credit card account. Note that these terms are in addition to those found in your credit card agreement with us. With regard to financial responsibilities, you (and the secondary cardholder, if applicable) are responsible for any charges placed on the account by an authorized user. The authorized user does not have financial responsibility for the account. Even though the authorized user does not have financial responsibility for the account, credit data is still reported to the credit bureaus on the authorized user. When you add an authorized user, you consent to giving that person access to account information. However, you agree that the authorized user does not have the same privileges as you, the primary cardholder. Unlike you, an authorized user cannot request items to be issued like credit cards, PINs, or statements. Also, the authorized user cannot change account status. (For example, an authorized user cannot activate or close an account.) The authorized user cannot add or delete other users from the account. Please note that there is no fee to add an authorized user. Also, an authorized user does not need to be of a minimum age, a U.S. citizen, or a U.S. resident.

You must notify us in writing of any termination of an authorized user's right to access your account. Your letter must include the name of the authorized user and your account number and/or any subaccount number issued to the authorized user along with the authorized user's card and any convenience or other access checks issued to the authorized user. If you cannot return the authorized user's card or access checks and if you request your account to be closed, we will close your account and you may apply for a new account.

Member Signature	Date
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Authorized User Signature	Date
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