



# MASTERCARD<sup>®</sup> APPLICATION

- MASTERCARD  
 MASTERCARD GOLD

PLEASE PRINT ALL INFORMATION AND READ THIS BROCHURE CAREFULLY

Last Name		First	Initial	Social Security #	Date of Birth	No of Dependents
Street Address, City, State, Zip				Years There	<input type="checkbox"/> Own Rent <input type="checkbox"/> Rent	Home Phone
Previous Address – if less than two years at present address				Years There	<input type="checkbox"/> Own Rent <input type="checkbox"/> Rent	Drivers License No
Present Employer	Address		Position	Starting Date	Business Phone	Supervisor
Previous Employer	Address		Position	Starting Date	Date of Separation	Supervisor
Information about Nearest Relative not living with you: Name, Address, Phone Number and Relationship					Mother's Maiden Name	
NOTICE: ALIMONY, CHILD SUPPORT OR MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED.				Monthly Salary or Wages Gross	Other Income Gross	
Complete if you live in a community property state ( AZ, CA, D, LA, NM, NV, TX, WA) or if you are applying for joint credit: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated						
Spouse: Last Name	First	Social Security #		Date of Birth	Drivers License	Monthly Income Gross
Present Employer	Address		Position	Starting Date	Business Phone	Supervisor
Previous Employer	Address		Position	Starting Date	Date of Separation	Supervisor

## OUTSTANDING DEBTS – LIST EVERYTHING – ATTACH OTHER SHEETS IF NECESSARY

Rent or Mortgage	Name and address of Creditor	Balance	Monthly Payment
Auto			
Auto			

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.** This statement is submitted to obtain credit and I/we hereby request the issuance of a WFFCU credit card in accordance with the terms and conditions set forth in the WFFCU Credit Card agreement. I/We promise that everything I/we have stated in this application is correct and that the information listed is a complete listing of all my/our debts and obligations. I/We authorize the Credit Union to periodically obtain my/our credit report, check my/our credit and employment history, and to answer questions about its credit experience with me/us. I/We agree that this application and any and all other credit information about me/us that you obtain may be shared with any other WFFCU affiliate. If a credit card is issued as I/we hereby request, the undersigned applicant(s) by signing below, using or permitting another to use the credit card(s), agree to be bound by the terms and conditions of the WFFCU Credit Card Agreement that will accompany my/our credit cards(s). Please note: additional information may be required.

No of Cards Requested \_\_\_\_\_ Credit Union Account # \_\_\_\_\_

Interested in Credit Life Insurance? Please circle:      Yes      No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## CREDIT UNION USE

Approved: \_\_\_\_\_  
 Credit Limit \_\_\_\_\_  
 No of Cards \_\_\_\_\_ Expiration Date \_\_\_\_\_

Declined: \_\_\_\_\_  
 Reason for Rejection \_\_\_\_\_

\_\_\_\_\_  
 Loan Officer Signature

\_\_\_\_\_  
 Credit Committee Signature

\_\_\_\_\_  
 Credit Committee Signature

Processed by: \_\_\_\_\_

Date processed: \_\_\_\_\_

**MASTERCARD<sup>®</sup> and MASTERCARD<sup>®</sup> GOLD  
IMPORTANT DISCLOSURE INFORMATION**

**How We Will Calculate Your Balance:**

The Average Daily Balance is arrived at by taking the beginning balance of your Account each day, adding in any new cash advances, and unless you pay your Account in full by the Payment Due Date shown on the previous monthly statement or there is no previous balance, adding in new purchases, and subtracting any payments or credits and unpaid **FINANCE CHARGE**. This gives us the daily balance. The daily balances for the billing cycle are then added together and divided by the number of days in the billing cycle. The result is the Average Daily Balance.

Annual Percentage Rate (APR) Purchases	<b>MASTERCARD<sup>®</sup></b> 9.00% Fixed	<b>MASTERCARD<sup>®</sup> GOLD</b> 8.50% Fixed
Other APRs	Balance Transfer APR: 9.0% Cash Advance APR: 9.0%	Balance Transfer APR: 8.5% Cash Advance APR: 8.5%
How to Avoid Interest on Purchases	You have 25 days to repay your balance for purchases before a finance charge will be imposed.	
Method for Calculating Finance Charges	Calculated on Average Daily Balance (Including new purchases)	
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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>	
Annual Fee	No Annual Membership Fee	
Transaction Fee for Purchases	None	
Transaction Fee for Cash Advances	None	
Balance Transfer Fee	None	
Foreign Transaction Fee	1% of the Foreign Transaction	
Returned Check Fee	\$ 15.00	
Late Payment Fee	\$ 25.00	

**Fair Reporting Act Notice:**

Grant of this application is conditioned upon your satisfying any applicable criteria based on your credit worthiness, including your income, employment, and any other information provided by you. You have the right to prohibit information contained in your credit report from being used in connection with any credit or insurance transaction that is not initiated by you. You may exercise this right by contacting the credit reporting agency opt-out notification system toll free at 1-888-5-OPTOUT (1-888-567-8688) or write to Equifax Operations, PO Box 740123, Atlanta GA 30374-0123.

# MasterCard Credit Card

- Low 8.5% to 9% APR\*
- 25-Day Grace Period on Purchases
- No Annual Fee - No Cash Advance Fees
- Worldwide Acceptance

**Apply Now**

