



CREDIT CARD APPLICATION

There are costs associated with the use of a credit card. Information about costs, rates, and fees may be contained in disclosures provided with this application or by calling us toll-free or collect at _____ or writing to us at the address stated on this application.

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
 1. 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)
 2. your spouse will use the account, or
 3. 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-Applicant is spouse of the Applicant, mark the Co-Applicant box.

Credit Card Account: Individual Joint
 If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit (sign below):

Applicant Signature _____ Date _____ X _____ (Seal)	Co-Applicant Signature _____ Date _____ X _____ (Seal)
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Credit Limit Requested \$ _____ Purpose/Collateral: _____ If Authorized User, Name: _____

APPLICANT				OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR <input type="checkbox"/> OTHER			
NAME (Last - First - Initial)				NAME (Last - First - Initial)			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER/INDIVIDUAL TAX ID NUMBER	
BIRTH DATE		EMAIL ADDRESS		BIRTH DATE		EMAIL ADDRESS	
HOME PHONE		CELL PHONE		HOME PHONE		CELL PHONE	
BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.		BUSINESS PHONE/EXT.	
DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS		DRIVER'S LICENSE NUMBER/STATE		AGES OF DEPENDENTS	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE		PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE		PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
MORTGAGE/RENT OWED TO				MORTGAGE/RENT OWED TO			
MORTGAGE BALANCE \$		MONTHLY PAYMENT \$		INTEREST RATE %		MORTGAGE BALANCE \$	
MONTHLY PAYMENT \$		INTEREST RATE %		MONTHLY PAYMENT \$		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			
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK				EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME HOURS PER WEEK			
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 PER \$		OTHER INCOME PER \$		EMPLOYMENT INCOME PER \$		OTHER INCOME PER \$	
TITLE/GRADE		SOURCE		TITLE/GRADE		SOURCE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS				PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS			
STARTING DATE		ENDING DATE		STARTING DATE		ENDING DATE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE				MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE			
ENDING/SEPARATION DATE				ENDING/SEPARATION DATE			

REFERENCE		REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE

STATE LAW NOTICE(S)

Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, must be in writing to be effective.

Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov.

Notice to Ohio Residents: 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.

Notice to Wisconsin Residents: (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.

Signature for Wisconsin Residents Only	Date
X	(Seal)

CONSENT TO CONTACT

By executing this Application, you agree we and/or our third-party providers, including debt collectors, may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent to be contacted on your wireless telephone number(s) at any time by providing written notice to us at 84 Wadsworth St, Hartford, CT 06106 or by any other reasonable means. If you have provided a wireless telephone number(s) on or in connection with any account, you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) which you have provided to us.

In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.

CREDIT CARD CONSENSUAL 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 your credit card account. Shares and deposits in an IRA or 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. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest.

Consensual Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Consensual Security Interest Acknowledgement and Agreement	Date
X	(Seal)

SIGNATURES

By signing or otherwise authenticating below:

- 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 and for other accounts, products, or services we may offer you or for which you may qualify. 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 crime to willfully and deliberately provide incomplete or incorrect information in this application.
- You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

Applicant's Signature	Date
X	(Seal)

Other Signature	Date
X	(Seal)

CREDIT UNION USE ONLY

DATE	<input type="checkbox"/> APPROVED	CREDIT CARD LIMIT	NUMBER OF CARDS	CREDIT CARD NUMBER
	<input type="checkbox"/> DECLINED <small>(Adverse Action Notice Sent)</small>	\$		
LOAN OFFICER COMMENTS:		DEBT RATIO/SCORE: BEFORE	AFTER	

Credit Committee or Loan Officer Signatures	Date
X	(Seal)

Credit Committee or Loan Officer Signatures	Date
X	(Seal)



APPLICATION AND SOLICITATION DISCLOSURE



Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	12.40%
APR for Balance Transfers	12.40%
APR for Cash Advances	12.40%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.
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	
Annual Fee - Annual Fee	None
Transaction Fees - Cash Advance Fee - Foreign Transaction Fee	\$2.00 or 2.00% of the amount of each cash advance, whichever is greater None
Penalty Fees - Late Payment Fee - Returned Payment Fee	Up to \$10.00 Up to \$10.00

How We Will Calculate Your Balance:

We use a method called "average daily balance (including new purchases)."

Effective Date:

The information about the costs of the card described in this application is accurate as of:

This information may have changed after that date. To find out what may have changed, contact the Credit Union.

For California Borrowers, the Visa is a secured credit card. Credit extended under this credit card account is secured by various personal property and money including, but not limited to: (a) any goods you purchase with this account, (b) any shares you specifically pledge as collateral for this account on a separate Pledge of Shares, (c) all shares you have in any individual or joint account with the Credit Union excluding shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law, and (d) collateral securing other loans you have with the Credit Union excluding dwellings.

Other Fees & Disclosures:

Late Payment Fee:

\$10.00 or the amount of the required minimum payment, whichever is less, if you are one or more days late in making a payment.

Cash Advance Fee (Finance Charge):

\$2.00 or 2.00% of the amount of each cash advance, whichever is greater.

Returned Payment Fee:

\$10.00 or the amount of the required minimum payment, whichever is less.

Card Replacement Fee:
\$5.00.

Document Copy Fee:
\$2.00 per page.

PIN Replacement Fee:
\$5.00.

Statement Copy Fee:
\$2.00 per page.



84 Wadsworth Street
 Hartford, CT 06106
 (860) 522-7147
 www.csecreditunion.com

Credit Card Pledge of Shares/Deposits

PLEDGE INFORMATION

Account Owner/Cardholder Name(s): _____

 Share/Deposit Account Number: _____
 Amount Pledged (Choose one option): \$ _____ _____ % of your credit limit

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing, or otherwise authenticating below You agree to pledge shares or deposits of the amount and in the Account specified above as security for your Credit Card Account with the Credit Union identified herein. You must maintain a deposit account as security for this Credit Card Account, and shall grant Us a security interest in this deposit Account. You authorize the Credit Union to apply these shares or deposits to what You owe when in default on the Credit Card Account. You understand that this document is governed by the terms of the Consumer Credit Card Agreement and Disclosure, and is herein incorporated by reference.

Account Owner/Cardholder Signature	Date
X	(Seal)

Account Owner/Cardholder Signature	Date
X	(Seal)

CREDIT UNION USE ONLY

Credit Card Account Number: _____
 Processed By: _____ Date Processed: _____

AUTOMATIC PAYMENT OPTION FOR CSE VISA ACCOUNTS

I hereby authorize the Connecticut State Employees Credit Union to deduct, from my share savings or share draft account, my Connecticut State Employees Credit Union Visa payment each month. I understand the payment will be deducted from my account on or before the payment due date which is found on my Visa statement. I understand it may take one full statement cycle for my new or changed automatic payment option to take effect.

- If I choose the **MINIMUM** required payment to be deducted, that amount will be based on 3% of the new balance or \$10.00 minimum, whichever is greater.*
- If I choose the **FIXED** payment to be deducted, that amount must be greater than or equal to 3% of credit limit.*
- If I choose the **FULL** payment option, the amount deducted will be equal to the new balance on my most recent statement.*

*If the amount of my payment option is satisfied with a payment prior to the due date, then no additional payment will be transferred on the due date.

I request the following payment option:

- DEDUCT **MINIMUM** PAYMENT
- DEDUCT **FIXED** PAYMENT AMOUNT OF \$ _____
- DEDUCT **FULL** PAYMENT

Please deduct the payment from my:

- SHARE SAVINGS ACCOUNT
- SHARE DRAFT (CHECKING) ACCOUNT

Signature Member Number Date

I would like to **cancel** my automatic payment option. I no longer want to have Connecticut State Employees Credit Union deduct my Connecticut State Employees Credit Union Visa Payments automatically from my share savings account or share draft checking account. I understand it may take one full statement cycle for my cancellation request to take effect. After automatic payment is cancelled, I will continue to pay my monthly payment on or before the 13th of every month. If I miss a payment I understand I will have a late payment and interest due.

Signature Member Number Date