



365 Boylston Street  
Brookline, MA 02445  
617-278-5600 or 800-556-2328  
www.mafcucreditunion.org

A table that includes the APRs and other required cost disclosures for credit card applications is on the reverse side of this application.



### CREDIT CARD APPLICATION

Applying for a Visa Card couldn't be easier. Just call 617-278-5600 or 800-556-2328 and press 2. You can apply by phone 24 hours a day, 7 days a week, and you will receive a response within 24 hours. You also can complete the application below in ink and attach a copy of your most recent pay stub. If you're self-employed, provide a copy of your tax returns for the last two years. Apply online at [www.mafcucreditunion.org](http://www.mafcucreditunion.org)

**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 (AZ, CA, ID, LA, NM, 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 **Co-Applicant** section to the extent possible about the person on whose payments you are relying.

Credit Limit Requested \_\_\_\_\_

**CHECK APPROPRIATE BOX:**  **JOINT CREDIT:** with  **SPOUSE**  **CO-BORROWER.** If applying with another person, complete the **CO-APPLICANT/OTHER** section.

#### Applicant

Last Name	Initial	First Name
Social Security #	Date of Birth	
Home Phone	Cell Phone #	
Current Address	Apt. #	Years There
City	State	Zip Code
E-mail Address		

#### Co-Applicant

Last Name	Initial	First Name
Social Security #	Date of Birth	
Home Phone	Cell Phone #	
Current Address	Apt. #	Years There
City	State	Zip Code
E-mail Address		

#### Applicant Employment, Income and Housing Expense

Current Employer	Hire Date
Position	Phone Number
Address	
Monthly Gross Income (Before Taxes)	Rent/Mortgage Payment(s)
If less than 2 years, previous employer and dates of employment	Position
Other sources of income including part-time employment income and dates of employment and rental income. (Note: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.)	

#### Co-Applicant Employment, Income and Housing Expense

Current Employer	Hire Date
Position	Phone Number
Address	
Monthly Gross Income (Before Taxes)	Rent/Mortgage Payment(s)
If less than 2 years, previous employer and dates of employment	Position
Other sources of income including part-time employment income and dates of employment and rental income. (Note: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.)	

#### Signatures

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. You understand

that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement. **A condition of your account is your granting us a security interest in your share accounts. By signing below 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 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 this security interest. When you are in default we may apply the balance in these accounts to any amounts due under the credit card agreement.**

**X** \_\_\_\_\_ (SEAL)

APPLICANT'S SIGNATURE

DATE

**X** \_\_\_\_\_ (SEAL)

OTHER SIGNATURE

DATE

#### BALANCE TRANSFER FORM

To transfer your credit balance, or pay them off, just fill in the details below. We'll send a check to each card issuer listed and a letter to you confirming the amounts paid.

Name of Card Issuer	Account Number
Payment Address of Card Issuer	
Phone Number of Card Issuer	Exact Dollar Balance to Transfer
	\$
Name of Card Issuer	Account Number
Payment Address of Card Issuer	
Phone Number of Card Issuer	Exact Dollar Balance to Transfer
	\$

#### PREAUTHORIZED PAYMENT OPTION

- YES, I WOULD LIKE TO PARTICIPATE**  
 **NO, I DO NOT WANT TO PARTICIPATE IN MAFCU'S PREAUTHORIZED VISA PAYMENT PLAN**

I/We hereby authorize Medical Area Federal Credit Union to initiate withdrawals from the account indicated below to pay my/our Visa credit card account. I/We agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my/our account and personally signed by either of us and that you shall be fully protected in honoring such a withdrawal. I/We further agree that if any such withdrawal is dishonored with cause, the financial institution shall be under no liability whatsoever if such dishonor results in late charges or revocation of my/our credit card. Please withdraw from my MAFCU:

- Share Savings Account #: \_\_\_\_\_  
 Share Draft Account #: \_\_\_\_\_

The amount of the payment for my/our credit card to be deducted at least seven (7) days before or on the due date of the credit card billing cycle, unless otherwise specified in writing, is: **3%**

- The minimum payment - 2 percent of the outstanding balance.  
 The total balance due as of Statement Date.  
 A fixed amount greater than the minimum due: \$ \_\_\_\_\_

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

**VISA CREDIT CARD AGREEMENT**

In this Agreement the words "you" and "your" mean each and all of those who agree to be bound by this Agreement; "Card" means the VISA credit card and any duplicates, renewals, or substitutions the Credit Union issues to you; "Account" means your VISA credit card line of credit account with the Credit Union, and "Credit Union" means the Credit Union whose name appears on this Agreement or anyone to whom the Credit Union transfers this Agreement.

**1. USING YOUR ACCOUNT** — If you are approved for an Account, the Credit Union will establish a line of credit for you and notify you of your credit limit. You agree that your credit limit is the maximum amount (purchases, cash advances, finance charges, plus "other charges") that you will have outstanding on your Account at any time. If you are over your credit limit, you must pay the amount you are over before payments will begin to restore your credit limit. You may request an increase in your credit limit only by a method acceptable to the Credit Union. The Credit Union has the right to reduce your credit limit, refuse to make an advance and/or terminate your Account at any time for any reason not prohibited by law.

**2. USING YOUR CARD** — You may use your Card to make purchases from merchants and others who accept VISA Cards. However, you may not use your Card to initiate any type of gambling transaction. If you wish to pay for goods or services over the Internet, you may be required to provide card number security information before you will be permitted to complete the transaction. In addition, you may obtain cash advances from the Credit Union and from other financial institutions that accept VISA Cards, and from some automated teller machines (ATMs). (Not all ATMs accept VISA Cards.) To obtain cash advances from an ATM, you must use the Personal Identification Number (PIN) that is issued to you for use with your Card. You agree that you will not use your Card for any transaction that is illegal under applicable federal, state or local law.

**3. RESPONSIBILITY** — You agree to pay all charges (purchases and cash advances) to your Account that are made by you or anyone whom you authorize to use your Account. You also agree to pay all finance charges and other charges added to your Account under the terms of this Agreement or another agreement you made with the Credit Union. If this is a joint Account, Section 17 below also applies to your Account.

**4. FINANCE CHARGES** — New purchases posted to your account during a billing cycle will not incur a finance charge for that billing cycle if you had a zero or credit balance at the beginning of that billing cycle or you paid the entire New Balance on the previous cycle's billing statement by the Payment Due Date of that statement; otherwise a finance charge will accrue from the date a purchase is posted to your account. To avoid an additional finance charge on the balance of purchases, you must pay the entire New Balance on the billing statement by the Payment Due Date of that statement. A finance charge begins to accrue on cash advances from the date you get the cash advance or from the first day of the billing cycle in which the cash advance is posted to your account, whichever is later.

The finance charge is calculated separately for purchases and cash advances. For purchases, the finance charge is computed by applying the monthly periodic rate to the average daily balance of purchases. To get the average daily balance of purchases, we take the beginning outstanding balance of purchases each day, add any new purchases, and subtract any payments and/or credits. This gives us the daily balance of purchases. Then, we add all the daily balances of purchases for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of purchases.

For cash advances, the finance charge is computed by applying the monthly periodic rate to the average daily balance of cash advances. To get the average daily balance of cash advances, we take the beginning outstanding balance of cash advances each day, add in any new cash advances, and subtract any payments and/or credits that we apply to the cash advance balance. This gives us the daily balance of cash advances. Then, we add all the daily balances of cash advances for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of cash advances.

The monthly periodic rate for purchases and balance transfers is 1.0750%, which is an ANNUAL PERCENTAGE RATE of 12.9%. The monthly periodic rate for cash advances is 1.2417%, which is an ANNUAL PERCENTAGE RATE of 14.9%.

**5. OTHER CHARGES** — The following other charges (fees) will be added to your Account, as applicable:

**a. Over-the-Credit-Limit Fee.** You may be charged a fee of \$15.00 on a statement date if your New Balance on that date, less any fees imposed during the cycle, exceeds 5% over your credit limit. You will be charged the fee each subsequent month until your New Balance on the statement date, less any fees imposed during the cycle, is BELOW your credit limit.

**b. Late Payment Fee.** A late charge of \$20.00 will be added to your account if you are late in making a payment.

**c. Return Check Fee.** If a check or share draft used to make a payment on your account is returned unpaid, you will be charged a fee of \$22.00 for each item returned.

**d. Card Replacement Fee.** You will be charged \$10.00 for each replacement card that you request.

**e. Document Copy Fee.** You will be charged \$15.00 for each copy of a sales draft or statement that you request (except when the request is made in connection with a billing error made by the Credit Union).

**f. Collection Costs.** You agree to pay all costs of collecting the amount you owe under this Agreement, including court costs and reasonable attorney's fees.

**g. Rush Fee.** \$25.00.

**h. Chargeback.** \$5.00 per request.

**i. Statement Copy Fee.** You will be charged \$3.00 for each statement copy you request.

**6. PAYMENTS** — Each month you must pay at least the minimum payment shown on your statement by the date specified on the statement or no later than twenty-five (25) days from the statement closing date, whichever is later. If your statement says the payment is "Now Due," your payment is due no later than twenty-five (25) days from the statement closing date. You may pay more frequently, pay more than the minimum payment or pay the Total New Balance in full. If you make extra or larger payments, you are still required to make at least the minimum payment each month your Account has a balance (other than a credit balance). The minimum payment is 3% of your Total New Balance, or \$25.00, whichever is greater, plus the amount of any prior minimum payments that you have not made, and any amount you are over your credit limit. The Credit Union also has the right to demand immediate payment of any amount by which you are over your credit limit.

**TERMS AND CONDITIONS FOR PREAUTHORIZED PAYMENTS**

Withdrawals will be made at least seven (7) days before or on the due date of the credit card billing cycle unless otherwise specified in writing. If you would prefer to have your account debited for payment to VISA on a different day, contact the Medical Area Federal Credit Union in writing at 365 Boylston Street, Brookline, MA 02445 or call us at 617-278-5600 or 800-556-2328. I/We understand that if there are insufficient funds in my/our credit account to cover the payment for three (3) consecutive months, my/our credit card preauthorized payment privileges will be terminated. This authority is to remain in full force and effect until I/We provide the financial institution written authorization requesting that a change be made or that the periodic payments be terminated. I/We must provide this written notification to change or terminate the periodic payments at least thirty (30) days prior to any change or termination requested. I/We understand and agree that in order for the depository financial institution to make payments requested in this Authorization Form, I/We must have the payment amount available in My/Our account. I/We further understand and agree that the Credit Union shall not be responsible for an act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I/We agree to hold the Credit Union harmless from any claims, liabilities, attorney's fees and other costs and expenses of any and every kind and nature which may be incurred by them by reason of their performance under the Authorization Form.

**7. PAYMENT ALLOCATION** — Subject to applicable law, your payments may be applied to what you owe the Credit Union in any manner the Credit Union chooses.

**8. SECURITY INTEREST** — If you give the Credit Union a specific pledge of shares by signing a separate pledge of shares, your pledged shares will secure your Account. You may not withdraw amounts that have been specifically pledged to secure your Account until the Credit Union agrees to release all or part of the pledged amount. In addition, your Account is secured by all other shares you have in any individual or joint account with the Credit Union, except for shares in an Individual Retirement Account or in any other account that would lose special tax treatment under state or federal law if given as security. You authorize the Credit Union to apply the balance in your individual or joint share accounts to pay any amounts due on your Account if you should default. Collateral securing other loans you have with the Credit Union may also secure this loan, except that a dwelling will never be considered as security for this Account, notwithstanding anything to the contrary in any other agreement.

**9. DEFAULT** — You will be in default if you fail to make any minimum payment or other required payment by the date that it is due. You will be in default if you break any promise you make under this Agreement. You will be in default if you die, file for bankruptcy or become insolvent, that is, unable to pay your obligations when they become due. You will be in default if you make any false or misleading statements in any credit application or credit update. You will also be in default if something happens that the Credit Union believes may substantially reduce your ability to repay what you owe. If you default, we may increase your periodic rate in accordance with Section 11.

When you are in default and after expiration of any right you have under applicable state law to cure your default, the Credit Union has the right to demand immediate payment of your full account balance. If immediate payment is demanded, you agree to continue paying finance charges, at the periodic rate charged before default, until what you owe has been paid. Also, subject to applicable state law, any shares that were given as security for your Account may be applied towards what you owe.

**10. LIABILITY FOR UNAUTHORIZED USE-LOST/STOLEN CARD NOTIFICATION**

— You agree to notify us immediately, orally or in writing at 365 Boylston Street, Brookline, MA 02445 or telephone 800-843-5463 twenty-four (24) hours a day, seven (7) days a week or 800-556-2328 Monday through Friday 8:00 A.M. to 4:30 P.M., of the loss, theft, or unauthorized use of your Credit Card. You may be liable for the unauthorized use of your Credit Card. You will not be liable for unauthorized use that occurs after you notify us of the loss, theft, or possible unauthorized use. You will have no liability for unauthorized purchases made with your credit card, unless you are grossly negligent in the handling of your card. In any case, your liability will not exceed \$50.

**11. CHANGING OR TERMINATING YOUR ACCOUNT** — The Credit Union may change the terms of this Agreement from time to time. Notice of any change will be given in accordance with applicable law. If permitted by law and specified in the notice to you, the change will apply to your existing Account balance as well as to future transactions.

Either you or the Credit Union may terminate this Agreement at any time, but termination by you or the Credit Union will not affect your obligation to pay the Account balance plus any finance and other charges you owe under this Agreement. You are also responsible for all transactions made to your Account after termination, unless the transactions were unauthorized.

The Card or Cards you receive remain the property of the Credit Union and you must recover and surrender to the Credit Union all Cards upon request or upon termination of this Agreement whether by you or the Credit Union. The Credit Union has the right to require you to pay your full Account balance at any time after your Account is terminated, whether it is terminated by you or the Credit Union. If this is a joint Account, Section 17 of this Agreement also applies to termination of the Account.

**12. CREDIT REVIEW AND RELEASE OF INFORMATION** — You authorize the Credit Union to investigate your credit standing when opening or reviewing your Account. You authorize the Credit Union to disclose information regarding your Account to credit bureaus and creditors who inquire about your credit history. If your account is eligible for emergency cash and/or emergency card replacement services, and you request such services, you agree that we may provide personal information about you and your account that is necessary to provide you with the requested service(s).

**13. RETURNS AND ADJUSTMENTS** — Merchants and others who honor your Card may give credit for returns or adjustments, and they will do so by sending the Credit Union a credit slip, which will be posted to your Account. If your credits and payments exceed what you owe the Credit Union, the amount will be applied against future purchases and cash advances. If the credit balance amount is \$1 or more, it will be refunded upon your written request or automatically after six (6) months.

**14. ADDITIONAL BENEFITS/CARD ENHANCEMENTS** — The Credit Union may from time to time offer additional services to your Account, such as travel accident insurance, at no additional cost to you. You understand that the Credit Union is not obligated to offer such services and may withdraw or change them at any time.

**15. FOREIGN TRANSACTIONS** —

**Visa.** Purchases and cash advances made in foreign currencies will be debited from your account in U.S. dollars. The exchange rate between the transaction currency and the billing currency used for processing international transactions is a rate selected by Visa from a range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives or the government-mandated rate in effect for the applicable central processing date. The exchange rate used on the processing date may differ from the rate that would have been used on the purchase date or cardholder statement posting date.

A fee of 1 percent of the amount of the transaction, calculated in U.S. dollars, will be imposed on all multiple currency foreign transactions, including purchases, cash advances and credits to your account. A fee of 0.8 percent of the amount of the transaction, calculated in U.S. dollars, will be imposed on all single currency foreign transactions, including purchases, cash advances and credits to your account. A foreign transaction is any transaction that you complete or a merchant completes on your card outside of the United States, with the exception of U.S. military bases, U.S. territories, U.S. embassies or U.S. consulates.

**16. MERCHANT DISPUTES** — The Credit Union is not responsible for the refusal of any merchant or financial institution to honor your Card. The Credit Union is subject to claims and defenses (other than tort claims) arising out of goods or services you purchase with the Card if you have made a good faith attempt but have been unable to obtain satisfaction from the merchant or service provider, and (a) your purchase was made in response to an advertisement the Credit Union sent or participated in sending to you; or (b) your purchase cost more than \$50 and was made in your state or within one hundred (100) miles of your home.

**17. JOINT ACCOUNTS** — If this is a joint Account, each person on the Account must sign the Agreement (by signing on the application). Each of you will be individually and jointly responsible for paying all amounts owed under this Agreement. This

means that the Credit Union can require any one of you individually to repay the entire amount owed under this Agreement. Each of you authorizes the other(s) to make purchases or cash advances individually. Any one of you may terminate the Account and the termination will be effective as to all of you.

**18. EFFECT OF AGREEMENT** — This Agreement is the contract that applies to all transactions on your Account even though the sales, cash advances, credit or other slips you sign or receive may contain different terms.

**19. NO WAIVER** — The Credit Union can delay enforcing any of its rights any number of times without losing them.

**20. STATEMENTS AND NOTICES** — Statements and notices will be mailed to you at the most recent address you have given the Credit Union. Notice sent to any one of you will be considered notice to all.

**21. FINAL EXPRESSION** — This Agreement is the final expression of the terms and conditions of this VISA line of credit between you and the Credit Union. This written Agreement may not be contradicted by evidence of any alleged oral agreement.

**22. COPY RECEIVED** — You acknowledge that you have received a copy of this Agreement.

**23. SIGNATURES** — By signing in the Signature area of the application form that was attached to this Agreement when you received it, you agree to the terms of this Agreement. You should detach this Agreement from the application and retain it for your records.

**YOUR BILLING RIGHTS  
KEEP THIS NOTICE FOR FUTURE USE**

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

**NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL** —

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than sixty (60) days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your credit card bill automatically from your savings or share draft account, you can stop the payment on any amount you think is wrong. To stop the payment your letter must reach us three (3) business days before the automatic payment is scheduled to occur.

**YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE** —

We must acknowledge your letter within thirty (30) days, unless we have corrected the error by then. Within ninety (90) days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply an unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten (10) days telling us that you still refuse to pay, we must tell anyone to whom we report you to that you have a question about your bill. And, we must tell you the name of anyone to whom we reported you to. We must tell anyone to whom we report you that the matter has been settled between us when it finally is settled.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

**SPECIAL RULE FOR CREDIT CARD PURCHASES** —

If you have a problem with the quality of property or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two (2) limitations on this right:

- You must have made the purchase in your home state or, if not within your home state, within one hundred (100) miles of your current mailing address; and
- The purchase price must have been more than \$50.

These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.