

Authorized Users/Additional Cardholder

If You would like to name authorized users and/or additional cardholders, complete the following: (NOTE: the authorized user/additional cardholder listed below for Credit Card Accounts will be issued a Credit Card. Any authorized user/additional cardholder will have access to Your Account and You will be responsible for all credit advances they obtain.)

Authorized User/Additional Cardholder Print Name _____ Date of Birth Mother's _____ Maiden Name _____

Authorized User/Additional Cardholder Print Name _____ Date of Birth Mother's _____ Maiden Name _____

Authorized User/Additional Cardholder Print Name _____ Date of Birth Mother's _____ Maiden Name _____

PLACE
POSTAGE
HERE

Balance Transfer Option

Save money now by transferring balances to Your new Credit Card.
(All requested information Must Be Completed to Assure The Transfer is Processed in a Timely Manner)

Card Issuer _____ Account Number _____ Exact Amount to Pay \$ _____

Payment Address _____ City _____ State _____ Zip _____

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Payment Address _____ City _____ State _____ Zip _____

Card Issuer _____ Account Number _____ Exact Amount to Pay \$ _____

Payment Address _____ City _____ State _____ Zip _____

Balance Transfer Authorization

Please allow several weeks to open Your new account and for balances to be transferred. You may need to continue to make payments on your existing accounts in order to maintain their current status. Those accounts will remain open even if the entire balance is paid and You are responsible for closing those accounts if You so choose. Balance transfer payments will be made after Your application is approved. Existing credit union accounts must be current. The amount transferred will reduce the amount of available credit on Your credit union Credit Card Account with Us. The balance transfer feature cannot be used to pay any loan payment and We reserve the right to refuse to process any balance transfer request. Please inform the loan department when You have activated Your card so that the transfer(s) can be made.

Borrower's Signature _____ Date _____ Co-Borrower's Signature _____ Date _____

FROM

NEW ADDRESS

PUBLIC SERVICE CREDIT UNION
4025 WEST JEFFERSON BLVD
FORT WAYNE, IN 46804

VISA APPLICATION



**CLASSIC
PLATINUM
SHARE SECURED
CREDIT CARDS**



PUBLIC SERVICE
CREDIT UNION
www.mypscu.com
260.432.3433 888.432.3433

TYPE OF PRODUCT APPLIED FOR <input type="checkbox"/> VISA Classic—Limit Desired \$ _____ <input type="checkbox"/> Secured VISA Classic—Limit Desired \$ _____ <input type="checkbox"/> VISA Platinum—Limit Desired \$ _____ Please indicate if you would like automatic payments. <input type="checkbox"/> No <input type="checkbox"/> Yes — Charge Account No. _____	* Complete Spouse information only if the following apply: * This is for joint credit with Your Spouse. * Your Spouse will use Your Account. * You're relying on your Spouse's income for repayment; or * You live in a community property state: AZ, CA, ID, LA, NM, NV, TX, WA, WI (or Puerto Rico)
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Applicant Information

Full Name (First, Middle Initial, Last)		Credit Union Account Number	
Email Address	Mother's Maiden Name	Social Security Number	Date of Birth
Residence Address	Apt. No.	City/Town	State Zip Code Home Phone
Previous Address if Less Than 2 Years		No. of Dependents	Cell Phone
Employer Name	Date Employed	Position	Gross Monthly Income
Employer Address	City/Town	State	Zip Code Work Phone
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Other		Mortgage or Rent Payments \$	
Other Income	Other Income Source/Payor*	*Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered as a basis for this credit request.	
Name, Address, and Phone Number of Nearest Relative Not Living With You			

Spouse/Co-Applicant

Full Name (First, Middle Initial, Last)		Credit Union Account Number	
Email Address	Mother's Maiden Name	Social Security Number	Date of Birth
Residence Address	Apt. No.	City/Town	State Zip Code Home Phone
Previous Address if Less Than 2 Years		No. of Dependents	Cell Phone
Employer Name	Date Employed	Position	Gross Monthly Income
Employer Address	City/Town	State	Zip Code Work Phone
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Other		Mortgage or Rent Payments \$	
Other Income	Other Income Source	*Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered as a basis for this credit request.	
Name, Address, and Phone Number of Nearest Relative Not Living With You			

Signatures

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided by Us to You. You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Card Account Agreement and Disclosure. You will receive a copy of the Credit Card Account Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.**

You hereby acknowledge Your intent to apply for joint credit:

Applicant's Initials _____	Co-Applicant's Initials _____
Applicant's Signature _____	Spouse/Co-Applicant's Signature _____
Date _____	Date _____

Secured Visa Classic Applicant's: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account indicated below and for the amount specified below:
 Account Number _____ Amount \$ _____

Definitions; Instructions

Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We," "Us," and "Our" refer to Public Service Credit Union.

Complete all the questions, or answer N/A. If applying for credit, attach current pay stub or, if self-employed, Your last 2 years tax returns. We are unable to process incomplete applications. Sign and return the application to Us.

IMPORTANT CREDIT CARD DISCLOSURES. The following represents important details concerning your Credit Card. The information about the costs of the Card are accurate as of the effective date of January 1st, 2023. You can call Us at (888) 432-3433 or write to Us at 4025 West Jefferson Boulevard, Fort Wayne, In 46804 to inquire if any changes have occurred since the effective date.

CONSENSUAL SECURITY INTEREST You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply if: (1) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (2) you cease to be a covered borrower.

Interest Rate and Interest Charges

Annual Percentage Rate (APR) For Purchases	VISA Classic: 13.90% Secured VISA Classic: 12.90% VISA Platinum: 11.80%
APR For Balance Transfers	VISA Classic: 6.90% Introductory APR for 12 months After that, your APR will be 13.90% Secured VISA Classic: 6.90% Introductory APR for 12 months After that, your APR will be 12.90% Platinum VISA: 6.90% Introductory APR for 12 months After that, Your APR will be 11.80%
APR For Cash Advances	VISA Classic: 13.90% Secured VISA Classic: 12.90% VISA Platinum: 11.80%
How to Avoid Paying Interest on Purchases	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of Your statement closing date.
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

Transaction Fees	1.00% of each foreign currency transaction in U.S. Dollars *Foreign Transaction 0.80% of each U.S. Dollar transaction that occurs in a foreign country.
Penalty Fees	*Late Payment Up to \$25.00 *Returned Payment Up to \$25.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)."