



P.O. Box 233 • Dexter, ME 04930 • (207) 924-5544 • 888-806-6920 • Fax (207) 924-7527
 P.O. Box 697 • Guilford, ME 04443 • (207) 876-4041 • Fax (207) 876-3701
 P.O. Box 507 • Dover-Foxcroft, ME 04426 • (207) 564-8844 • Fax (207) 564-3920
 P.O. Box 353 • Greenville Jct., ME 04442 • (207) 695-0316 • Fax (207) 695-8939
 P.O. Box 716 • Brownville, ME 04414 • (207) 965-8377 • Fax: (207) 965-9477

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 (888) 806-6920 or writing to us at the address stated on this application.



CREDIT CARD 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-Borrower 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 <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> X Date (Seal) </div>	Co-Applicant <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> X Date (Seal) </div>
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Credit Limit Requested \$ _____ If Authorized User, Name: _____

Guarantors Complete **OTHER** section below.

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	ACCOUNT NUMBER
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE	BIRTH DATE
EMAIL ADDRESS	EMAIL ADDRESS
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
BUSINESS PHONE/EXT.	BUSINESS PHONE/EXT.
DRIVER'S LICENSE NUMBER/STATE	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	AGES OF DEPENDENTS
PRESENT ADDRESS (Street - City - State - Zip)	PRESENT ADDRESS (Street - City - State - Zip)
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)	PREVIOUS ADDRESS (Street - City - State - Zip)
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT 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 START DATE	EMPLOYMENT/INCOME START DATE
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
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	EMPLOYMENT INCOME PER
OTHER INCOME PER	OTHER INCOME PER
TITLE/GRADE	TITLE/GRADE
SOURCE	SOURCE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS
STARTING DATE	STARTING DATE
ENDING DATE	ENDING DATE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHERE	WHERE
ENDING/SEPARATION DATE	ENDING/SEPARATION DATE

CREDIT CARD APPLICATION (continued)

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)

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. 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: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

Security Interest Acknowledgement and Agreement	Date
X	(Seal)

SIGNATURES

By signing or otherwise authenticating below:

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 crime to willfully and deliberately provide incomplete or incorrect information in this application.
2. 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 <input type="checkbox"/> DECLINED	NUMBER OF CARDS	CREDIT LIMIT \$	CREDIT CARD NUMBER
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Signatures

	Date
X	(Seal)

	Date
X	(Seal)



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VISA CLASSIC

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	13.90%
APR for Balance Transfers	13.90%
APR for Cash Advances	13.90%
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	
Transaction Fees - Foreign Transaction Fee	None
Penalty Fees - Late Payment Fee	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: August 14, 2017
 This information may have changed after that date. To find out what may have changed, contact the Credit Union.

For California Borrowers, the Visa Classic 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. Notwithstanding the foregoing, you acknowledge and agree that during any periods when you are a covered borrower under the Military Lending Act your credit card will be secured by any specific Pledge of Shares you grant us but will not be secured by all shares you have in any individual or joint account with the Credit Union. For clarity, you will not be deemed a covered borrower if: (i) you establish your credit card account when you are not a covered borrower; or (ii) you cease to be a covered borrower.

Other Fees & Disclosures:

Late Payment Fee:

\$10.00 or the amount of the required minimum payment, whichever is less, if you are 20 or more days late in making a payment.

Detach and Retain Disclosure for Your Records

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Credit Insurance Enrollment Form/Schedule

"You" or "your" means a person who is borrowing from the credit union. A co-signer or guarantor is not eligible for coverage.

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you are eligible for the coverage and check "yes" below to select coverage and sign your name and write in the date. For open-end loans, the rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit

union in writing.

THE INSURANCE ALSO CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS OF YOUR COVERAGE.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, depending on state law.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)
30 RETRO PLAN (30/1st)

Credit Disability For Borrower #1 YES NO or Borrower #2 YES NO

Credit Life For Borrower #1 YES NO Borrower #2 YES NO

30 NON-RETRO PLAN (30/31st)

Credit Disability For Borrower #1 YES NO or Borrower #2 YES NO

Credit Life For Borrower #1 YES NO Borrower #2 YES NO

**MONTHLY COST PER \$100 OF
YOUR INSURED LOAN BALANCE**

	30 RETRO PLAN	30 NON-RETRO PLAN
Single Credit Disability	\$.178	\$.133
Joint Credit Disability	N/A	N/A
Single Credit Life	\$.046	\$.046
Joint Credit Life	\$.076	\$.076

WAITING PERIOD: If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st / 31st day of disability.

Group Policy Number	Account Number	MAXIMUMS	DISABILITY	LIFE
018-0036-4		Max. Monthly Disability Benefit	\$ 850	N/A
		Max. Insurable Balance per Loan Account	\$50,000	\$50,000
Borrower #1 Date of Birth	Borrower #2 Date of Birth	Age for Insurance Eligibility	Less Than 70	Less Than 70
		Max. Number of Monthly Disability Benefit Payments per Disability	120 Mos.	N/A
		Age for Insurance Termination	70	70
Secondary Beneficiary (If you desire to name one)		Maximum Term of Insurance	N/A	N/A

I attest that I meet the age for insurance eligibility, shown above, for the coverage(s) I elected. • If electing disability insurance, I attest that I am working for wages or profit 25 hours a week or more on the date I am enrolling for this insurance. (If I am off work only because of a temporary layoff, strike, or vacation, but soon to resume, I will be considered at work. However, if I am off work due to illness or injury, I am not considered at work.) • I authorize the credit union to add the charges for insurance to my loan each month. • I understand that I will be insured only for advances actually received by me, not for any unused credit which may be available. • I understand that the insurance coverage is subject to the maximums, including the age for insurance termination shown above. I want the coverage(s) selected, even if the insurance will terminate due to one or more of these maximums before my loan is paid off. • The statements contained in this enrollment form are true and correct to the best of my knowledge and belief.



 SIGNATURE OF BORROWER #1
 CI-ME-MP-EF-0201(0212)

DATE



SIGNATURE OF BORROWER #2

DATE

ME STD - Dual Plans (30R/30NR)

Please return completed
Application to the address
below in a stamped envelope.
Cut off the Application and
Solicitation Disclosure
and retain for your records.

MAINE HIGHLANDS
FEDERAL CREDIT UNION
PO BOX 233
DEXTER ME 04930-0233

**DO NOT MAIL
THIS FORM
WITHOUT AN
ENVELOPE**

The Credit Union Difference

**Credit Card
Application**

Visa



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