

# BOWATER EMPLOYEES CREDIT UNION ~ Classic VISA Credit Card

The information about the card in this application is accurate as of 09/2017. This information may have changed after that date. To find out what may have changed, write us at Bowater Credit Union, P.O. Box 359, Calhoun, TN 37309 or check the website, [www.bowatercu.org](http://www.bowatercu.org)

<b>Annual Percentage Rate (fixed)</b> <b>9.90%</b> Excluding New Purchases	<b>Cash Advance &amp; Transfer of Balance APR:</b> <b>9.90%</b>	<b>Annual Fee:</b> <b>\$0</b>	<b>Grace period for repayment of balance for purchases:</b> <b>25 Days</b>	<b>Method for computing balances for purchases:</b> <b>Average daily balance (excluding new purchases)</b>	<b>Late Payment Fee:</b> <b>\$10</b>	<b>Over Limit Fee:</b> <b>\$0</b>	<b>Minimum Finance Charge:</b> <b>\$0.50</b>
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Member Number

**1** Select individual ownership, joint ownership, or individual ownership with authorized user:

<input type="checkbox"/> <b>Individual Account</b> <i>(Individual responsibility for card's balance &amp; account management)</i>	<input type="checkbox"/> <b>Joint Account</b> <i>(Both people are responsible for card's balance &amp; account management)</i>	<input type="checkbox"/> <b>Individual Account w/ Additional Authorized User(s)</b> <i>(Authorized user can use &amp; sign for the card but is not legally responsible for balance and account management).</i>
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**2** If you need more space to list additional owners/users, please speak to a loan officer. **APPLICANT MUST BE 18 OR OLDER. Co-applicant must be 13 or older.**

<b>APPLICANT NAME (FIRST-MIDDLE-LAST)</b>				<b>CO-APPLICANT OR AUTHORIZED USER NAME (FIRST-MIDDLE-LAST)</b>			
HOME ADDRESS (STREET & NO.)				LIVED THERE HOW LONG?			
CITY-STATE-ZIP				CITY-STATE-ZIP			
PRIMARY PHONE	2ND PHONE	BIRTH DATE	SSN	PRIMARY PHONE	2ND PHONE	BIRTH DATE	SSN
NO. OF DEPENDENTS		AGES		MOTHER'S MAIDEN NAME		MOTHER'S MAIDEN NAME	
EMPLOYER				EMPLOYER			
EMPLOYER'S ADDRESS			BUSINESS PHONE	EMPLOYER'S ADDRESS			BUSINESS PHONE
POSITION		HOW LONG?	GROSS ANNUAL INCOME		POSITION		HOW LONG?
PREVIOUS EMPLOYER'S ADDRESS (IF EMPLOYED IN PRESENT BUS. < 2 YEARS)				PREVIOUS EMPLOYER'S ADDRESS (IF EMPLOYED IN PRESENT BUS. < 2 YEARS)			
OTHER INCOME. Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered for repaying this obligation.							
Other income: \$ _____ per _____ Source(s) of other income: _____ \$ _____ per _____ Source(s) of other income: _____							

**3** CREDIT INFORMATION (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

NAME ON ACCOUNT	BALANCE	MONTHLY PYMT.
MORTGAGE / RENT		
OTHER DEBT		
OTHER DEBT		
CHECKING/SHARE DRAFT ACCT. NO.	LOCATION	SAVINGS/ SHARE ACCT. NOS.
		LOCATION
		\$ TOTAL
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP
ADDRESS (STREET-CITY-STATE-ZIP)		

**4** PROOF OF INCOME REQUIREMENT  
**As with all loans, we must have proof of income from both the applicant and co-applicant. PLEASE ENCLOSE COPIES OF TWO RECENT PAY STUBS FOR BOTH THE APPLICANT AND CO-APPLICANT. IF SELF EMPLOYED, USE YOUR LAST TWO FEDERAL INCOME TAX RETURNS.**

**5** TRANSFER OF BALANCE REQUEST (upon approval, I wish to transfer the balance on the credit card account(s) listed below to my BECU VISA). NO FEE for balance transfers.

CARD \_\_\_\_\_ ACCT NO. \_\_\_\_\_      CARD \_\_\_\_\_ ACCT NO. \_\_\_\_\_

Signature \_\_\_\_\_ **PLEASE SEND A COPY OF YOUR MOST RECENT STATEMENT**

**6** DEBT PROTECTION  
 In the event of unemployment, disability, or death, payment protection could protect your finances by paying your balance or loan payments. If you indicate that you are interested, our loan personnel will disclose the cost of the voluntary protection to you. A separate Debt Protection application will need to be filled out before coverage is enforced.  
 I \_\_\_\_\_ am \_\_\_\_\_ am not \_\_\_\_\_ interested in obtaining information on Debt Protection

**7** A consumer credit report may be requested in connection with this application and with any renewals, updates or extensions of any new credit extended as a result of this application. The credit union is relying on what you stated in this application, and you acknowledge that everything you have stated is true and correct and that you have provided a COMPLETE listing of all your debts and obligations.

**By signing below, you agree to the terms of the cardholder agreement, a copy of which will be mailed to you if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by your use of the card.**  
**I understand that I am liable for ALL purchases made and cash advances received by an authorized user(s) of my credit card account, and all such purchases and cash advances are subject to the terms and conditions of my credit card agreement.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ **OR** AUTHORIZED USER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Report Authorized User's activity to the credit bureau(s)? (This account will show on the User's credit report.)  Yes  No

**CREDIT UNION USE ONLY**

MLA? Y / N \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ VISA ACCT NO. \_\_\_\_\_ DEBT RATIO \_\_\_\_\_ DATE \_\_\_\_\_

LOAN OFFICER / REV. COM. \_\_\_\_\_