Bowater Credit Union - ScoreCard Rewards VISA Credit Card

The information about this card in this application is accurate as of 02/2020. 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 visit our website https://BowaterECU.org

Interest Rate and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**6%** to **24%** when you open your account, based on your creditworthiness. After that, your APR will vary with the market based on the 1 Year Treasury Rate
APR for Cash Advances	**23.75%** This APR will vary with the market based on the 1 Year Treasury Rate.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after close of each billing cycle. We will not charge you interest on purchases if you pay entire balance by the due date each month.
Minimum Interest Charge	If you are charged periodic interest, the charge will be no less than $0
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 Fees	None
Transaction Fees • Balance Transfer • Cash Advance • Foreign Transaction	 None None None
Penalty Fees • Late Payment • Over-the-Credit-Limit • Returned Payment	 $20 None None

How We Will Calculate Your Balance: We use a method called "average daily balance". See your account agreement for further information regarding how we calculate your balance.

Application

Member Number

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

- ☐ **Individual Account** *(Individual responsibility for card's balance & account management)*
- ☐ **Joint Account** *(Both people are responsible for card's balance & account management)*
- ☐ **Individual Account w/ Authorized User** *(Authorized User can use & sign for the card but is not legally responsible for the balance & account management.)*

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.

APPLICANT NAME				CO-APPLICANT OR AUTHORIZED USER NAME			
HOME ADDRESS			LIVED THERE HOW LONG?	HOME ADDRESS			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		NO. OF DEPENDENTS	AGES	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?	GROSS ANNUAL INCOME
PREVIOUS EMPLOYER & EMPLOYER'S ADDRESS (IF EMPLOYED IN PRSENT BUS. < 2 YEARS)				PREVIOUS EMPLOYER & EMPLOYER ADDRESS (IF EMPLOYED IN PRSENT BUS. < 2 YEARS)			
OTHER INCOME	$	PER	SOURCE(S)	OTHER INCOME	$	PER	SOURCE(S)

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

	NAME ON ACCOUNT	BALANCE	MONTHLY PAYMENT
MORTGAGE/RENT			
OTHER DEBT			
OTHER DEBT			
CHECKING/SHARE DRAFT ACCT NOS & LOCATION	SAVINGS ACCT NOS & LOCATION	$ TOTAL	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIVE'S ADDRESS		RELATIVE'S RELATIONSHIP

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 BALANCE TRANSFER REQUEST (Upon approval, I wish to transfer the balance on the credit card account(s) listed below to my ScoreCard Rewards VISA)

CARD	ACCOUNT NUMBER	CARD	ACCOUNT NUMBER
SIGNATURE		**PLEASE INCLUDE A COPY OF YOUR MOST RECENT STATEMENT(S) WITH THIS APPLICATION**	

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

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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 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 BUREAUS? (THIS ACCOUNT WILL SHOW ON THE USER'S CREDIT REPORT.)		☐ YES	☐ NO

CREDIT UNION USE ONLY APPLICANT CREDIT SCORE _____ CO-APPLICANCT CREDIT SCORE _____ RATE _____

MLA? _____ CREDIT LIMIT $_____ APPROVED_____ REJECTED_____ VISA ACCT NO_____

LOAN OFFICER / REV. COM. _____ DEBT RATIO_____ DATE _____