



# NOTRE DAME FCU ELEVATE SCRIP VISA<sup>®</sup>

CREDIT CARD APPLICATION

Full Name (First, Middle Initial, Last)		Notre Dame FCU Member/Account Number		<b>Credit Limit Request</b> \$
U.S. Citizen/Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number (SSN required to apply)		Date of Birth (mm/dd/yyyy)
Street Address		City	State	Zip
Primary Phone Number <sup>1</sup>		Secondary Phone Number <sup>1</sup>		E-Mail Address
Your Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at this Address	Mortgage Holder/Landlord Name		Monthly Mortgage/Rent Payment
Current Employer		Employer's Telephone Number	Position/Title	Date of Hire (mm/dd/yyyy)
Gross Monthly Salary		Source of Other Income <sup>2</sup>		Other Income Amount
Name of Nearest Relative/Friend (not living with you)		Relationship	Telephone Number	

Co-Applicant Full Name (First, Middle Initial, Last)		Notre Dame FCU Member/Account Number		<b>Joint Application Initials</b> By placing my initials here, I agree that I am applying for a joint loan.
U.S. Citizen/Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number (SSN required to apply)		Date of Birth (mm/dd/yyyy)
Street Address (if different from above)		City	State	Zip
Primary Phone Number <sup>1</sup>		Secondary Phone Number <sup>1</sup>		E-Mail Address
Your Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at this Address	Mortgage Holder/Landlord Name		Monthly Mortgage/Rent Payment
Current Employer		Employer's Telephone Number	Position/Title	Date of Hire (mm/dd/yyyy)
Gross Monthly Salary		Source of Other Income <sup>2</sup>		Other Income Amount

**Calls and Text Message Consent to Contact:** By providing your phone number(s) above, you consent to receive autodialed or prerecorded calls and text messages from Notre Dame FCU or any of our third parties or affiliates performing services on our behalf. We may place calls or text messages to notify you (i) in regards to your accounts, (ii) to provide you with transaction alerts, (iii) to collect a debt, or (iv) as otherwise necessary to service your account. You may revoke your consent at any time. <sup>2</sup>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment. **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. You acknowledge and agree that your pledge does not apply during any periods where you are a covered borrower under the Military Lending Act. **By signing below, you are affirmatively agreeing you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest.** Further, by signing below, you certify that everything stated in this application is true. Your signature(s) provides authorization to your employer(s) to release any employment verification to Notre Dame FCU. You authorize Notre Dame FCU to obtain credit reports in connection with this application and for any update, increase, renewal, extension, or collection of the credit received. If this application is approved, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. **Your signature(s) must appear below before we can process your application.** By affirming with my signature below, I authorize Notre Dame Federal Credit Union to share my/our name(s), address and the amount of the SCRIP card benefit made by Notre Dame FCU in my name to: (fill in name of non-profit organization) \_\_\_\_\_ (check with representative for list of participating non-profits). This authorization is only for the purpose stated above. Notre Dame FCU will not share any other information about your deposits, balances, income, credit employment, or other qualification factors needed to meet our credit underwriting requirements.

X \_\_\_\_\_  
Applicant's Signature Date

X \_\_\_\_\_  
Co-Applicant's Signature Date

### DEBT PROTECTION

#### This product is optional

Your purchase of Debt Protection is optional. Whether or not you purchase this product will not affect your application for credit.

#### Important Disclosures

We will give you additional information before you are required to pay for Debt Protection. This information will include a copy of the contract containing the terms and conditions of Debt Protection. Eligibility requirements, conditions, and exclusions.

There are eligibility requirements, conditions, and exclusions that could prevent you from receiving Debt Protection benefits. You should carefully read your Debt Protection contract for a full explanation of the terms and conditions of the Debt Protection program.

#### Eligibility Requirements

To be eligible to apply, I must meet the following conditions. By signing this application, I am stating that: (1) I am under age 70; (2) If applying for death or disability protection; during the last 2 years, I have not been advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, AIDS, or any disorder of my immune system, or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test); (3) if applying for disability protection: I am presently working twenty-four (24) or more hours per week.

\_\_\_\_ INITIALS OF APPLICANT

\_\_\_\_ INITIALS OF CO-APPLICANT

I acknowledge and agree that: (a) I meet the

eligibility requirements listed above. If it is discovered that I do not meet the eligibility requirements above, my participation in the Plan will be terminated, I will receive a refund of any fees paid, and an otherwise valid claim will be denied; (b) I have received the disclosures herein and have thoroughly read the Debt Protection Program Agreement ("Agreement"), and agree to abide by the terms of the Agreement; (c) I authorize the Plan fees to be added to my loan each month; and (d) I understand that I may not be eligible for all benefits contained in the Plan. This document is hereby incorporated into Applicant's loan documentation as if fully set forth therein.

**There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under the Program. See the Program Agreement for details.**

I Elect: (Check only one box)	Cost per \$1,000 of monthly outstanding loan balance
Plan 1*: Plan # 522607 <input type="checkbox"/> <b>Death:</b> Cancels card balance	\$0.86
Plan 2*: Plan # 522608 <input type="checkbox"/> <b>Disability:</b> Cancels up to 12 Payments	\$2.10
Plan 3*: Plan # 522609 <input type="checkbox"/> <b>Death:</b> Cancels card balance <input type="checkbox"/> <b>Disability:</b> Cancels up to 12 Payments	\$2.96
<b>Benefit Maximums:</b> <b>Death Protection</b> cancels a maximum of <b>\$75,000</b> . <b>Cancellations</b> listed are per occurrence. <b>Monthly cancellations are limited to \$1,000 per month, and \$15,000 over the term of the card,</b> per each Protected Event and per each Protected Cardholder <b>If applying for joint protection, both Cardholders must meet the eligibility requirements.</b>	
<input type="checkbox"/> <b>I DECLINE (Do Not Sign Below If Marked)</b>	

X \_\_\_\_\_  
Applicant's Signature Date

X \_\_\_\_\_  
Co-Applicant's Signature Date

## INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases	<b>12.40%, 17.65%, 18.00%, 18.00%</b> depending on your creditworthiness. This APR will vary with the market based on the Prime Rate. <sup>1</sup>
APR for Balance Transfers from Another Financial Institution	<b>0%</b> introductory APR for the first twelve (12) months. After that, your APR will be <b>12.40%, 17.65%, 18.00%, 18.00%</b> based on your creditworthiness. This APR will vary with the market based on the Prime Rate. <sup>1</sup>
APR for Cash Advances	<b>12.40%, 17.65%, 18.00%, 18.00%</b> depending on your creditworthiness. This APR will vary with the market based on the Prime Rate. <sup>2</sup>
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will begin charging interest on Purchases, Balance Transfers and Cash Advances on the transaction date. To avoid incurring interest charges, for new purchase transactions, you must pay the new balance which includes purchases, balance transfers and cash advances, as shown on the Account Statement, on or before the payment due date.
Minimum Interest Charge	None
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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .

## FEE INFORMATION

Transaction Fees <ul style="list-style-type: none"> <li>▪ Balance Transfer</li> <li>▪ Cash Advance</li> <li>▪ Foreign Currency Transaction Fee</li> </ul>	3% of the amount of each transfer 3% of the amount of each advance 2% of each transaction, in U.S. dollars
Penalty Fees <ul style="list-style-type: none"> <li>▪ Late Payment</li> <li>▪ Returned Payment</li> </ul>	Up to \$25.00 Up to \$32.00 <sup>3</sup>

*You must be at least 18 years of age or older to apply. If you are under the age of 21 and do not have the capacity to repay, you must have a Co-Borrower who does.*

**Loss of Introductory APR:** We may end your Introductory APR and apply the applicable Balance Transfer APR depending on your creditworthiness, if you make a late payment.

**Prime Rate:** Variable APRs are based on the 8.25% Prime Rate as of 06/01/2023.

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)." See your account agreement under Finance Charge for more details.

<sup>1</sup>We add 4.15%, 9.40%, 11.15% or 12.40% based upon your creditworthiness to the current Prime Rate to determine the Purchase APR or Balance Transfer APR. Maximum APR is 18.00%.

<sup>2</sup>We add 4.15%, 9.40%, 11.15% or 12.40% based upon your creditworthiness to the current Prime Rate to determine the Cash Advance APR. Maximum APR is 18.00%.

<sup>3</sup>The returned payment fee will be up to \$27.00 for the first violation and then up to \$32.00 for the second returned payment in the next six months.

Both a Guide to Benefits and a Credit Card Agreement & Disclosure will arrive with your new card.

**Annual Percentage Rate (APR) for Balance Transfers:** Balance Transfer rate of 0.00% APR is available for the first twelve (12) billing cycles, after which the APR will return to the variable rate of PRIME +4.15%, +9.40%, +11.15% or +12.40% based on your creditworthiness. Valid only on balance transfers from another financial institution's credit card. Accounts that have one (1) late payment beyond the due date will revert to the applicable Balance Transfer APR, depending on creditworthiness.

**Minimum Payment:** The minimum monthly payment is 1.5% of your total new balance or the overlimit amount, whichever is greater but not less than \$25 plus the amount of any unpaid prior payments due. Payments of \$10,000 or greater may not be part of your available credit for three (3) business days. Your payment is due on the 28th of every month.

**How We Will Calculate Your Variable Rate:** Your variable rates may change when the Prime Rate changes. They are determined by adding a margin to the highest U.S. Prime Rate published in The Wall Street Journal. The rates are effective on the first day of the billing cycle.

**Rewards Terms and Conditions:** Earn on all of your purchases! Rewards are earned on purchases only; returns will be deducted from the calculation. If your account is closed, voluntarily or involuntarily, past due or over limit, you will forfeit all rewards.

Certain restrictions apply. The information about the costs of the card described in this application is accurate as of June 01, 2022. This information may have changed after that date. To obtain more recent information, please call us at 574/239-6611 or 800/522-6611. You may also write us at:

Notre Dame Federal Credit Union  
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