

INSTRUCTIONS – PLEASE PLACE AN "X" NEXT TO THE TYPE OF CREDIT YOU ARE REQUESTING.

INDIVIDUAL CREDIT – (Unmarried applicant. Complete only left hand column)

INDIVIDUAL CREDIT – (Married applicant. If both of you and your spouse are residents of Wisconsin. Complete both the left and right hand columns. If you or your spouse are not Wisconsin residents, complete only the left hand column)

JOINT CREDIT – WITH YOUR SPOUSE. Complete the left and right hand columns of this form, and other sections that apply, then sign below:

WE INTEND TO APPLY FOR JOINT CREDIT: X _____ X _____

JOINT CREDIT – with another applicant or co-signer who is not your spouse. If either applicant is married and both applicant and spouse are Wisconsin residents, each applicant must complete a separate application with the information about their spouse in the right hand column and then sign below:

I INTEND TO APPLY FOR JOINT CREDIT WITH: X _____ X _____

Type of Card: <input type="checkbox"/> HCCU Platinum UChoose Rewards MasterCard® <input type="checkbox"/> HCCU Classic MasterCard®			Credit Line Requested: \$ _____			<i>Complete this section only if a Wisconsin resident</i>											
						Applicant <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated											
						Co-Applicant <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated											
Applicant Name: _____						_____ Co-Applicant Name: OR _____ Spouse Name:											
Street Address				How Long		Street Address				How Long							
City/State/Zip						City/State/Zip											
Home Phone		Soc. Sec.		Date of Birth		Home Phone		Soc. Sec.		Date of Birth							
Employer			Position			How Long			Employer			Position			How Long		
Employer Address						Emp. Phone											
Are you obligated to make support payments?						Amount \$											

NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Need not reveal income from medical insurance, disability or wage continuation insurance if applicant(s) does not choose to have such income considered as a basis for repaying this obligation.

Monthly Income:		_____ Gross _____ Net		Other income & amount:		Monthly Income		_____ Gross _____ Net		Other income & amount:	
Mortgage/Rent Payment:		Mortgage Balance:		Market Value:		Mortgage/Rent Payment:		Mortgage Balance:		Market Value:	

IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money-laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

NOTICE TO MARRIED APPLICANTS: No provision of a marital property agreement, a unilateral statement under Wis. Stats. Sec. 766.59 or a court decree under Wis. Stats. Sec. 766.70 adversely affects the interests of the credit union unless prior to the time the credit is extended, the credit union is furnished with a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the credit union is incurred.

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by the creditor named above, the undersigned, jointly and severally, represent that the above statements are true and complete and authorize Hayward Community Credit Union to conduct any investigations deemed necessary including, but not limited to, any credit bureau or other consumer report. I acknowledge receipt of the credit card disclosure of terms and conditions provided to me with this application which state current rates, fees and requirements.

I will receive the Cardholder Agreement upon approval of my application and am bound by its terms and all future revisions.

Applicant's Signature

Date

Co-Applicant's Signature

Date

SECURITY: Unless a lien would be prohibited by law or would render a nontaxable account taxable, I grant the Credit Union a security interest and lien in any deposit account I may at any time have with the Credit Union. The Credit Union may at any time after the occurrence of an event of default and notice and opportunity to cure, if required by law, set-off any amount unpaid on my credit card account against any deposit balances or other money now or hereafter owed to me by the Credit Union.

Applicant's Signature

Date

Co-Applicant's Signature

Date

COMPLETE THIS SECTION ONLY IF YOU ARE MARRIED AND YOU ARE APPLYING FOR CREDIT SEPARATE FROM YOUR SPOUSE. IF THIS SECTION APPLIES, WE ARE REQUIRED BY WISCONSIN LAW TO NOTIFY YOUR SPOUSE BY MAIL IF YOUR LOAN IS GRANTED.

I certify that the credit being applied for, if granted, will be incurred or obtained during marriage and will be in the interest of the marriage or family. This statement is in accordance with Wis. Stats. Sec. 766.55(1).

Applicant's Signature

Date