

# Spirit of Alaska Federal Credit Union Credit Card Application

(Visa® Platinum, Visa® Classic, Share Secured Visa®)



You are eligible for membership in Spirit of Alaska Federal Credit Union if you live, work, or worship within the Fairbanks North Star Borough; or if you are an employee, student or retiree of any public, private and parochial school, or institution of higher learning north of the Alaska Range; or if you are an Alumni of the University of Alaska Fairbanks; or family member of any of the above.

**Check Account Choice (Only one)**  Individual Account  Joint Account  Credit Limit Increase Amount Requested \$ \_\_\_\_\_  
**Get the card that's right for you:**  Visa® Platinum  Visa® Classic  Share Secured Visa® Spirit of Alaska FCU reserves the right to counter-offer if your initial selection is not available.

Applicant			
<input type="checkbox"/> Check here if your address has changed			
First Name	Middle Initial	Last Name	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III
Email Address		Cell Phone ( )	
Mailing Address		Time at Address	Yrs. Mo.
City	State	Zip Code	
Residence Address (if different than mailing address)		Evening Telephone No. ( )	
Former Address (if at current address less than 5 years)		Time at Address Yrs. Mo.	
Social Security No.		Date of Birth	
Driver's License No.	State Issued	No. of Dependents	
Current Employer		How Long? Yrs. Mo.	
Supervisor's Name		Daytime Telephone No. ( )	
Position / Grade		Monthly Gross Salary \$	
ETS/Rotation Date			
Former Employer and Position		How Long? Yrs. Mo.	
Name of Nearest Relative Not Living With You		Relationship	
Address			
City	State	Zip Code	Telephone No. ( )

Co-Applicant			
Do not complete this section if this application is for Individual Unsecured Credit			
<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor			
First Name	Middle Initial	Last Name	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III
Social Security No.		Date of Birth	
Current Employer		How Long? Yrs. Mo.	
Employer's Address		Daytime Telephone No. ( )	
Position / Grade		Monthly Gross Salary \$	
Former Employer and Position		How Long? Yrs. Mo.	
Co-Applicant Email Address		Phone Number	

Applicant & Co-Applicant		
Payments	Monthly	Present Balance
	\$	\$
	\$	\$
Rent or Mortgage (include Association Fees)	\$	\$
Additional Income \$		
Source of Additional Income*		
*You need not furnish alimony, child support, or maintenance income if you do not want us to consider it in evaluating your application.		

Credit Information (attach additional sheet if necessary)			
Bank Name and Address	Account Number	Loans	<input type="checkbox"/> Open <input type="checkbox"/> Closed

You choice regarding over-the-credit limit coverage
Unless you tell us otherwise, we will decline any transactions that cause you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage.
If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of \$15 and may increase your APRs to the Penalty APR of 18%. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.
Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit.
If you want over-the-limit coverage and to allow us to authorize transactions that go over your credit limit, please:
<ul style="list-style-type: none"> <li>• Call us at 907-459-5970</li> <li>• Visit <a href="http://www.spiritofak.com">www.spiritofak.com</a>; or</li> <li>• Check or initial the box below, and return the form to us at 1417 Gillam Way, Fairbanks, AK 99701</li> </ul>
<input type="checkbox"/> I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of \$15 and my APRs may increase. [I have the right to cancel this coverage at any time.]
<input type="checkbox"/> I do not want over-the-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.
Printed Name: _____
Date: _____
[Account Number]: _____

Credit Insurance Coverage Desired	
BY SIGNING THE ENROLLMENT FORM TO ELECT INSURANCE, I ACKNOWLEDGE THAT I HAVE RECEIVED THE SUMMARY OF INSURANCE COVERAGE. By electing optional <b>CUNA Mutual Certificate of Insurance</b> , I acknowledge that: I do not need this insurance to get credit and that I can get similar coverage from any insurer I choose. <b>CUNA Mutual Certificate of Insurance</b> includes credit life, disability, to the extent available in my state as described in the Summary of Insurance Coverage*. I read and I meet the age and employment eligibility requirements shown in the Summary of Insurance Coverage. Monthly premium charges are based on the account balance and rate shown. I will receive notice of any rate increase. I may cancel anytime. *Please see the CUNA Mutual Certificate of Insurance Form disclosure.	
<b>Yes, please enroll me in CUNA Mutual Certificate of Insurance. (CUNA Mutual Certificate of Insurance not available for Share Secured Visa Credit Card.)</b>	
<b>X</b>	<b>X</b>
Applicant's Signature	Co-Applicant's Signature
Date	Date

## Authorization to Secure Visa Account

The undersigned applicant, in order to obtain a Spirit of Alaska Federal Credit Union Share Secured Visa credit card, agrees that:

- I/We will at all times maintain a Spirit of Alaska Federal Credit Union account with a minimum balance equal to the credit limit established for my/our Share Secured Visa credit card account, and I/We pledge that account to Spirit of Alaska Federal Credit Union as security for any balance owed on that credit card account or subsequent credit cards.
- I/We agree not to withdraw pledged monies or attempt to withdraw pledged monies from that account except when the credit card balance is zero (charges are still owing), by paying in full all monies owed or charged, and by executing a written rescission of this Authorization and surrendering the credit card(s).
- I/We acknowledge and agree that Spirit of Alaska Federal Credit Union may remove, transfer or offset monies from my/our deposit accounts without a court order authorizing such a removal, transfer or offset in the event that my/our credit card account is past due for a period of thirty (30) days or more, or any other default.

**X** \_\_\_\_\_ **\$** \_\_\_\_\_  
 Applicant's Signature Date My/Our SOAFUCU Membership Account No. Amount Pledge

## Signatures

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This application is submitted to obtain credit and I/We certify that all information herein is true and complete, you are a U.S. citizen or a permanent resident of the U.S., and you are at least 18 years of age. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from sources in this application and other credit reporting agencies. Upon my request, Spirit of Alaska FCU will provide the name and address of any credit bureau from which it receives a credit report on me. This offer is subject to the credit policies of Spirit of Alaska FCU. I/We agree to be bound by the terms and conditions of the cardholder agreement. Upon approval, we will establish the APRs, fees and amount of your credit line and send you a Credit Card Agreement and your credit card(s). You will be bound by the Agreement when you use your Account. If you do not use the Account, you will be bound by the Agreement unless you close the Account within 3 days from the date we send you the agreement. The agreement is subject to change and is governed by the laws of Alaska and the United States. **A Condition of your account is your granting us a security interest in your share account. By signing below 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 Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as a security are not subject to this security interest. When you are in default we may apply the balance in these accounts to any amounts due under the credit card agreement.** If this is a joint application, the undersigned will be jointly and severally liable for any and all credit extended from time to time.

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

Received by Spirit of Alaska FCU Consumer Loan Department on \_\_\_\_\_, 20\_\_\_\_.  Approved  CO  Denied

By \_\_\_\_\_ Title \_\_\_\_\_

## Credit Disclosures

	Visa® Platinum	Visa® Classic	Shared Secured Visa®
Annual percentage rate (APR*) for purchases: As low as	<b>9.99%</b>	<b>12.99%</b>	<b>12.99%</b>
Other APRs	Cash advance APR: 9.99%* APR Balance transfer APR: 9.99%* APR	Cash advance APR: 12.99*-18.00%* APR Balance transfer APR: 12.99*-18.00%*	Cash advance APR: 12.99-18.00%* APR Balance transfer APR: 12.99-18.00%*
Penalty Rate	18% APR**/***	18% APR**/***	18% APR**/***
Rate information	Fixed Rate	Fixed Rate	Fixed Rate
Grace period for repayment of balance for purchases	28 days	28 days	28 days
Method for computing the balance for purchases	Average daily balance (including new transactions).	Average daily balance (including new transactions).	Average daily balance (including new transactions).
Minimum Payment	The greater of 3% of unpaid balance or \$25 plus the amount of any prior minimum payment due and any amount over your credit limit. Refer to card agreement.		
Foreign transaction charge	2% of U.S. Dollar amount, whether originally made in U.S. dollars or converted from a foreign currency.		
Annual fees	\$60 (\$0 with a SOA checking account).	\$60 (\$0 with a SOA checking account).	\$60 (paid \$5 per month).
Minimum finance charge	\$1.00	\$1.00	\$1.00
Transaction fee for cash advances	None	None	None
Balance transfer fee	\$25 or 3% of transfer amount, whichever is greater max. \$75.	\$25 or 3% of transfer amount, whichever is greater max. \$75.	\$25 or 3% of transfer amount, whichever is greater max. \$75.
Late payment fee****	The greater of \$25 or 15% of payment due.	The greater of \$25 or 15% of payment due.	The greater of \$25 or 15% of payment due.
Over-the-credit-limit fee	\$15 with signed consent form		

\* Annual Percentage Rate. Rates are based on credit worthiness.

\*\* The rate will remain until you make 6 months of on time payments

\*\*\* Penalty rate applies when 1 or more payments over 60 days past due not to exceed 18%, or what is allowed by law.

\*\*\*\* If payment is not made within 10 days of statement date, you will be charged.

All account terms and charges are accurate as of 4/01/10 but are subject to change at any time. To inquire about any changes, please call us at (907) 459-5970.