

VISA APPLICATION

Please return this application to Heartland Credit Union, or fax it to 651-451-4339. If you are interested in applying for a T.E.A.M. (student) Visa, please call 1-800-813-9185 and request the proper form. You can also apply online at www.heartlandcu.com.

Type of Account Desired (Check all that apply.)						
<input type="checkbox"/> Visa <input type="checkbox"/> Visa Gold <input type="checkbox"/> Credit Line Increase Only Please Issue: <input type="checkbox"/> One Card <input type="checkbox"/> Two Cards Limit Requested \$ _____						
Primary Applicant (Please print. Complete all sections and sign below.)						
NAME: LAST		FIRST		MIDDLE		MEMBER ACCOUNT #
STREET ADDRESS (NO PO BOXES)					YEARS AT RESIDENCE	
CITY		STATE	ZIP	EMAIL ADDRESS		
EMPLOYER		POSITION/TITLE		YEARS EMPLOYED		GROSS MONTHLY INCOME
<input type="checkbox"/> RENTER MONTHLY PAYMENT <input type="checkbox"/> HOME OWNER \$		CHILD SUPPORT (IF APPLICABLE)		<i>Income from alimony, child support or separate maintenance need not be revealed unless you wish such income to support a request for credit.</i>		
HOME PHONE ()		BUSINESS PHONE ()		SOCIAL SECURITY #		DATE OF BIRTH
Co-Applicant (Please print. Complete all sections and sign below.)						
NAME: LAST		FIRST		MIDDLE		
STREET ADDRESS (NO PO BOXES)					YEARS AT RESIDENCE	
CITY		STATE	ZIP	EMAIL ADDRESS		
EMPLOYER		POSITION/TITLE		YEARS EMPLOYED		GROSS MONTHLY INCOME
<input type="checkbox"/> RENTER MONTHLY PAYMENT <input type="checkbox"/> HOME OWNER \$		CHILD SUPPORT (IF APPLICABLE)		<i>Income from alimony, child support or separate maintenance need not be revealed unless you wish such income to support a request for credit.</i>		
HOME PHONE ()		BUSINESS PHONE ()		SOCIAL SECURITY #		DATE OF BIRTH
Authorization and Signatures (Both signatures required for a joint account.)						
<p>I/we herby certify that all statements made, whether oral, written or through a fax machine, are true and submitted for the purpose of obtaining credit, whether completed by me or by the credit union at my direction. In considering this application, the credit union may request and use a report from outside credit reporting agencies. They may also ask a reporting agency for other such reports in connection with renewal or continuation of the credit for which I/we are applying. Upon my/our request, the credit union will supply the name and address of the credit bureau providing such information. I/we acknowledge notice of this disclosure.</p> <p>I/We understand that the use of this credit card constitutes acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures mailed to me/us. In addition, I/we grant Heartland Credit Union a security interest in all individual and joint share and/or deposit accounts I/we have with you now and in the future to secure my/our credit card account. When I/we am/are in default, I/we authorize you to apply the balance in these accounts to any amounts due. 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 security, are not subject to the security interest I/we have given in my/our shares and deposits.</p>						
MEMBER'S SIGNATURE _____			DATE _____	JOINT MEMBER'S SIGNATURE _____		DATE _____

Account Type	Annual Fee	Annual Percentage Rate for Purchases, Cash Advances, and Balance Transfers	Grace Period for Repayment of Balances	Method of Computing the Balance	Transaction Fees for Purchases	Minimum Finance Charge
VISA	-\$0-	6.9% (monthly periodic rate is .575%) for the first two billing cycles and 12.9% (monthly periodic rate is 1.075%) thereafter.	Purchases - 25 Days	Average Daily Balance Method (including new	None	None
VISA Gold	-\$0-	6.9% (monthly periodic rate is .575%) for the first two billing cycles and 10.9% (monthly periodic rate is .908%) thereafter.				

The "other" charges affecting each Heartland VISA account include: "Rush" card fee - \$20 each; Statement copies - \$5 each; Copies of sales drafts - \$5 each (originals are \$10 each); Returned NSF payments - \$28 each; Lost card replacement - \$10 each; Chargebacks - \$5 each; Over-the-limit fee - \$20/month; and Late payment fee - \$20/month. The rates, terms, and fees described are accurate as of 2/1/06.