

## Here's a card packed with value.

Now you can carry an AHCU VISA card with all the prestige you're looking for without paying an annual fee!



In addition, you'll get free travel insurance plus a generous credit line.

That's why we say every AHCU Card is lined with silver! While you enjoy the prestige, take advantage of the real benefits an AHCU credit card offers. Apply for yours today!

- \* APR is annual percentage rate. Quoted rate is in effect 2/10 and is subject to change.
- \*\* Cash advance accrue interest from the date the advance is made.

**ST. PAUL OFFICE**  
360 Sherman Street, B-10  
St. Paul, MN 55102  
Phone: 651-241-8233  
Fax: 651-241-5068

**COON RAPIDS OFFICE**  
4050 Coon Rapids Blvd.  
Coon Rapids, MN 55433  
Phone: 763-236-3600  
Fax: 763-236-7004

**MINNEAPOLIS OFFICE**  
2545 Chicago Avenue South  
Suite G6  
Minneapolis, MN 55404  
Phone: 612-813-6050  
Fax: 612-813-6052

**CU SERVICE CENTERS**  
1-800-919-CUSC  
www.cuservicecenter.com

**INTERNET ACCESS/  
ACCESS\*ONLINE**  
www.ahcu.org

**FRIDLEY OFFICE**  
500 Osborne Road NE  
Suite 140  
Fridley, MN 55432  
Phone: 763-236-3600  
Fax: 763-236-3603

**HEARTLINE 24-HOUR  
TOUCHTONE SERVICE**  
763-236-7000

## Truth-in-Lending Disclosure

### Annual Percentage Rate

### VISA GOLD 11.9%

- Periodic rate used to compute the finance charge is 0.99166% per month

### VISA CLASSIC 12.9%

- Periodic rate used to compute the finance charge is 1.0750% per month

### Grace Period

Purchases – 25 days from billing cycle closing date. Cash advances accrue interest from the date the advance is made.

### Method of Computing the Balance

Average Daily Balance Method (Including current transactions).

### Annual Fee

None

### Minimum Finance Charge

None

### Transaction Fees for Purchase

None

### Other

Returned Payment Fee – \$25  
Cash Advance Fee – None  
Late Payment Fee – \$20  
Copy of Charge Slip Fee – None  
Replacement Card Fee – \$15



# VISA APPLICATION



**ASSOCIATED  
HEALTHCARE  
Credit Union**

# VISA APPLICATION

VISA Gold Request Limit (Max. \$10,000)  
Amount Requested \_\_\_\_\_

VISA Classic Request Limit (Max. \$5,000)  
Amount Requested \_\_\_\_\_

The information about the costs of the card described in this application is accurate as of 6/04. This information may have changed since that date. To find out what may have changed, call or write to us at the location listed in this application.

APPLICANT FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOW LONG AT CURRENT ADDRESS: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DO YOU: OWN  RENT

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED METHOD OF CONTACT \_\_\_\_\_

**INCOME VERIFICATION REQUIRED: PLEASE ENCLOSE A COPY OF YOUR MOST RECENT PAYSTUB.  
IF SELF-EMPLOYED, PLEASE ENCLOSE A COPY OF YOUR MOST RECENT 1040 TAX FORM. PLEASE SEE  
INCOME REQUIREMENT STATED BELOW FOR OUR VISA GOLD PROGRAM.**

NAME OF CURRENT EMPLOYER \_\_\_\_\_

HOW LONG WITH EMPLOYER: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ OCCUPATION OR JOB TITLE \_\_\_\_\_

CURRENT GROSS MONTHLY SALARY \$ \_\_\_\_\_

TOTAL MONTHLY CREDIT PAYMENTS: RENT/MORTGAGE \$ \_\_\_\_\_ AUTO & CREDIT CARDS \$ \_\_\_\_\_

CHILD SUPPORT \$ \_\_\_\_\_ OTHER LOANS \$ \_\_\_\_\_

**OTHER INCOME (INCOME FROM ALIMONY, CHILD SUPPORT, OR MAINTENANCE  
PAYMENTS DOES NOT HAVE TO BE DISCLOSED UNLESS YOU WANT TO HAVE SUCH  
INCOME CONSIDERED AS A BASIS FOR REPAYMENT OF A CREDIT REQUEST**

\$ \_\_\_\_\_ SOURCE \_\_\_\_\_

CO-APPLICANT FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ JR./SR. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOW LONG AT CURRENT ADDRESS: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DO YOU: OWN  RENT

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED METHOD OF CONTACT \_\_\_\_\_

NAME OF CURRENT EMPLOYER \_\_\_\_\_

HOW LONG WITH EMPLOYER: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ OCCUPATION OR JOB TITLE \_\_\_\_\_

CURRENT GROSS MONTHLY SALARY \$ \_\_\_\_\_

TOTAL MONTHLY CREDIT PAYMENTS: (MORTGAGE, AUTO, CREDIT CARDS, CHILD SUPPORT) \$ \_\_\_\_\_

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (we) understand approval for an AHCU VISA GOLD Card is conditional upon my (our) having a minimum verifiable annual income of \$35,000 or net verifiable assets of at least \$100,000. I (we) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. If this application is approved and a Visa card(s) issued, the undersigned applicant(s) by signing, using or permitting another to use the Visa card(s) agree(s) that the applicant(s) will be bound by the terms and conditions listed on the Visa card agreement sent to me with my card.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

**X** \_\_\_\_\_

**X** \_\_\_\_\_