

CU Succeed Teen VISA Card

Now you can carry a super cool AHCU VISA card! Start building credit and financial responsibility.

Here's the scoop:

- Must be between the ages of 15-17
- Have a source of income
- Participation and completion of 5 "Guides to Independence" courses
- Maximum credit limit of \$200
- Parental permission required

Apply for yours today!

* APR is annual percentage rate. Quoted rate is in effect 4/01/07 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

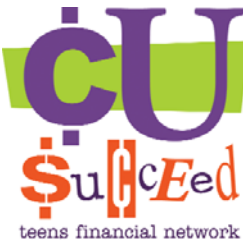
MINNEAPOLIS OFFICE
2545 Chicago Ave. South
Suite G6
Minneapolis, MN 55404
Phone: (612) 813-6050
Fax: (612) 813-6052

**INTERNET ACCESS/
ACCESS ONLINE**
<http://www.ahcu.org>

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

FRIDLEY OFFICE
500 N.E. Osborne Road, #140
Fridley, MN 55432
Phone: (763) 236-3600
Fax: (763) 236-3603

LOANS BY PHONE
1(888) 278-7200



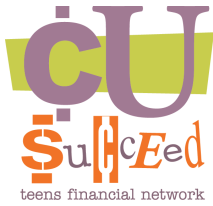
Truth-in-Lending Disclosure

Annual Percentage Rate	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	Over the limit Fee – \$15 Returned Payment Fee – \$10 Cash Advance Fee – None Late Payment Fee – \$15 Copy of Charge Slip Fee – None Replacement Card Fee – \$15



**CU SUCCEED
TEEN VISA CARD**





VISA APPLICATION

VISA Classic-
Requested Limit _____ (Max. \$200)

The information about the costs of the card described in this application is accurate as of 4/07. This information may have changed since that date. To find out what may have changed, call or write to us at a location listed in this application.

APPLICANT FIRST NAME _____ MI _____ LAST NAME _____
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____
 STREET ADDRESS _____ HOME PHONE _____
 CITY _____ STATE _____ ZIP CODE _____
 HOW LONG AT CURRENT ADDRESS: YEARS _____ MONTHS _____
 PREVIOUS STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 NAME OF CURRENT EMPLOYER/SOURCE OF INCOME _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____ WORK PHONE _____
 HOW LONG WITH EMPLOYER: YEARS _____ MONTHS _____ OCCUPATION OR JOB TITLE _____
 CURRENT GROSS MONTHLY SALARY \$ _____
 NAME OF PREVIOUS EMPLOYER _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____ WORK PHONE _____
 HOW LONG WITH EMPLOYER: YEARS _____ MONTHS _____
 TOTAL MONTHLY CREDIT PAYMENTS: \$ _____

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 _____
----------	--------------

INCOME VERIFICATION REQUIRED: PLEASE ENCLOSE A COPY OF YOUR MOST RECENT PAYSTUB.

PARENT/GUARDIAN PERMISSION

I, the undersigned parent/guardian of the applicant hereby give permission for him/her to have an AHCUCU Visa classic CU Succeed card, with all the rights and restrictions as described in the VISA card agreement. I also understand that I am NOT a Co-Signer and will have no financial responsibility for the applicant's transactions under this program.

PARENT/GUARDIAN SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE
X _____	_____	X _____	_____

APPLICANT AGREEMENT

This statement is submitted to obtain credit and I certify that all information herein is true and complete. I authorize Associated Healthcare Credit Union to verify information in my application and check my credit history and to answer questions about my credit experience with me. **NOTICE OF NEGATIVE INFORMATION: As required by federal law, this is notice to you that the Credit Union may furnish any "negative information" regarding your accounts to a nationwide consumer reporting agency. "Negative information" means information concerning delinquencies, late payments, insolvency or any form of default.** I also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my credit standing. If this application is approved and a Visa card issued, the undersigned applicant by signing, using or permitting another to use the Visa card agree that the applicant will be bound by the terms and conditions listed on the Visa card agreement and disclosure sent to me with my card.

APPLICANT'S SIGNATURE _____ DATE _____

X _____ Member Number _____