

Interest Rates and Interest Charges	Visa® Classic	Visa® Gold	Visa® Platinum
Annual Percentage Rate (APR) for Purchases	15.99% This APR will vary with the market based on the Prime Rate	13.90% This APR will vary with the market based on the Prime Rate	11.99% This APR will vary with the market based on the Prime Rate
APR for Balance Transfers	15.99% This APR will vary with the market based on the Prime Rate	13.90% This APR will vary with the market based on the Prime Rate	11.99% This APR will vary with the market based on the Prime Rate
APR for Cash Advances	15.99% This APR will vary with the market based on the Prime Rate	13.90% This APR will vary with the market based on the Prime Rate	11.99% This APR will vary with the market based on the Prime Rate
Penalty APR and When it Applies	None		
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. The interest charge on cash advances begins from the date you obtained the cash advance.		
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.00		
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .		

Fees	Visa® Classic	Visa® Gold	Visa® Platinum
Annual Fee	None	None	None
Transaction Fees			
• Balance Transfer	None	None	None
• Cash Advances	None	None	None
• Foreign Transaction	1.0%	1.0%	1.0%
• Other	None	None	None
Penalty Fees			
• Late Payment	Up to \$25.00	Up to \$25.00	Up to \$25.00
• Over-the-Credit-Limit	Up to \$25.00	Up to \$25.00	Up to \$25.00
• Returned Payment	Up to \$15.00	Up to \$15.00	Up to \$15.00
• Other	None	None	None

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). See your Credit Card Agreement for more details. **Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your Credit Card Agreement. **Effective Date:** The information about the costs of the card described in this disclosure is accurate as of September 27, 2018. This information may have changed after that date.

Hartford Federal Credit Union · 964 Asylum Ave. · Hartford, CT 06105-2401 | Ph 860-527-6663 | Fax 60-527-2297

9/2018

Hartford Federal Credit Union
CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Card Choice Visa® Classic (\$500.00 minimum credit line) Visa® Gold (\$5,000.00 minimum credit line) Visa® Platinum (\$5,000.00 minimum credit line)

Check Account Choice:
(Signature required for joint applicant)
 Individual Account
 Joint Account (see co-applicant and signatures section)
 Credit Line Increase

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.	Last Name		First	Middle	Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own Rent <input type="radio"/> Other <input type="radio"/>	Monthly Payment \$
	Current Address		City	State	Zip Code	How Long (yrs)
	Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
	Employer	Self Employed <input type="radio"/> Yes <input type="radio"/> No	Work Phone ()			Date Employed
	Address		Position/Occupation		Monthly Gross Income \$	
	Name and Address of Previous Employer (if less than 2 years at present employer)					How Long (yrs)
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness					Amount per Month \$
	Nearest Relative (Not Living With You)			Home Phone ()	Relationship	

CO-APPLICANT Intended for joint applicant, this information is not required for an individual account	Last Name		First	Middle	Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own Rent <input type="radio"/> Other <input type="radio"/>	Monthly Payment \$
	Current Address		City	State	Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
	Employer	Self Employed <input type="radio"/> Yes <input type="radio"/> No	Work Phone ()			Date Employed
	Address		Position/Occupation		Monthly Gross Income \$	

CREDIT INFO Attach Additional Sheets if necessary	Name and Address of Creditor	Name under Which Account is Carried	Account Number	Balance	Monthly Payment
	1. Home Mortgage/Rent				
	2. Bank Credit Card/Bank Name and Address				

SIGNATURES	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.						
	X _____	Applicant Signature	_____	Date	X _____	Co-Applicant Signature	_____

TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.				
	<input type="radio"/>	Credit Card Account Number _____	Amount to be transferred \$ _____		
	Signature X _____				

FOR INTERNAL USE ONLY	Visa Account No.				
	Date Approved	Credit Line	Approved By		