

Please print in black ink only and initial any changes to this form.

1. VISA® Program Options *I would like to apply for:*

CARD TYPE:
please check a or b
 a- Platinum (minimum \$500 credit line)
 b- Platinum Rewards (minimum \$2,000 credit line)

CARD STYLE:
please check a, b or c
 a- Alliant card
 b- United Airlines card
 c- RR Donnelley card

2. Applicant Information

Member Account Number _____ Date of Birth _____

First Name _____ Middle Name _____ Last Name _____

Street Address (include unit #) _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail _____

Work Phone _____ Social Security Number/ITIN _____

Employment Status: Employed Self Employed Retired Unemployed

Present Employer _____ Job Title _____ Date of Hire (mm/yyyy) _____

Employer Address _____ Employer Phone _____

\$ _____ \$ _____
 Gross Monthly Income Other Income Source of Other Income¹

\$ _____
 Monthly Housing Payment Yrs at Current Residence Rent or Own

¹Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

3. Joint Applicant/Spouse* Information (Optional)

* Married applicants may apply for individual credit. You are required to complete spousal information (the first five lines below) only if you are a resident of a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI). You must complete all lines below if you are relying on income or applying for joint credit with a Joint Applicant or Spouse.

Member Account Number _____ Date of Birth _____

First Name _____ Middle Name _____ Last Name _____

Street Address (include unit #) _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail _____

Work Phone _____ Social Security Number/ITIN _____

Employment Status: Employed Self Employed Retired Unemployed

Present Employer _____ Job Title _____ Date of Hire (mm/yyyy) _____

Employer Address _____ Employer Phone _____

\$ _____ \$ _____
 Gross Monthly Income Other Income Source of Other Income¹

¹Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

4. Attestation of Joint Credit

(Complete only if applying for joint credit) We intend to apply for joint credit.

X _____
 Applicant Signature (required) Date

X _____
 Joint Applicant Signature (required if applicable) Date

5. MEMBER'S CHOICE™ Protection Enrollment

MEMBER'S CHOICE™ Protection is voluntary and not required in order to obtain this credit. Protection is available up to age 70. We will not consider whether or not you elect this protection in making our credit decision. The rate you are charged is subject to change. You will receive notice before any increase goes into effect.

please check a or b

- a- Yes, I would like to sign up for the MEMBER'S CHOICE™ VISA Credit Card Protection Plan with a monthly fee of \$2.10 per \$1,000 of the monthly outstanding balance.
- b- No, I waive this valuable member-only offer for Credit Protection.

6. Payment Method

Save time and ensure your payment is received on time when you select an automatic payment option.

please check preferred payment method a, b or c

- a- AUTOMATIC PAYMENT FROM AN ALLIANT CREDIT UNION ACCOUNT
 Account type to be debited: Alliant savings **or** Alliant checking

Member Account Number _____ Account ID _____

- b- AUTOMATIC PAYMENT FROM ANOTHER FINANCIAL INSTITUTION
 Account type to be debited (check one): savings **or** checking

Financial Institution _____ Account Number _____

Routing & Transit/ABA# (located on bottom of checks or deposit slips) _____

If you selected method a or b, check one box from below to designate the amount of payment for your credit card that should be deducted monthly:

- The minimum payment indicated on my periodic statement.
 The greater of \$25 or 3% of the unpaid balance plus any amount by which my balance exceeds my credit limit.
- The total unpaid balance.
- The fixed amount to be withdrawn monthly is \$ _____
 A fixed amount greater than the minimum scheduled payment.

- c- PAYMENT BY MONTHLY BILLING

NOTE: It may take up to 2 billing cycles to set up the ACH Debit on your account. You should make all required payments until you confirm that the ACH Debit has been set up. Debits will take place 2 days prior to the due date of your Alliant VISA as indicated on your monthly statement.

SAVE TIME – apply online at www.alliantcreditunion.org/visa

7. VISA® Balance Transfer

Complete this section to transfer balances to your new Alliant VISA® credit card. You may attach a separate sheet if you have more than three (3) creditors from which to transfer balances. It may take up to three (3) weeks to set up your new VISA account and to post the balance transfer transaction. You should continue to make all required payments until you confirm that your balance transfer was made. We will not close your other accounts even if you transfer the entire balance. If you wish to close another account, you should contact the issuer directly. Regular monthly payments are still required.

- 1- VISA MASTERCARD DISCOVER RETAIL/OTHER

Name of Creditor to be Paid _____

Account Number _____ \$ _____
 Amount to be paid

Creditor Address _____

- 2- VISA MASTERCARD DISCOVER RETAIL/OTHER

Name of Creditor to be Paid _____

Account Number _____ \$ _____
 Amount to be paid

Creditor Address _____

- 3- VISA MASTERCARD DISCOVER RETAIL/OTHER

Name of Creditor to be Paid _____

Account Number _____ \$ _____
 Amount to be paid

Creditor Address _____

8. Agreement and Signatures

By signing below, I represent that I (the applicant or applicants) am the borrower and everything I have stated in this application is true, complete, and correct to the best of my knowledge and may be relied upon in evaluating this credit request. I agree to all account terms as published in the VISA Credit Card Agreement booklet and on the reverse of this application. I understand that it may be a federal crime punishable by fine or imprisonment or both to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by the National Credit Union Administration. I understand that Alliant Credit Union (Alliant) will retain this application whether or not the application is approved.

X _____
 Applicant Signature (required) Date

X _____
 Joint Applicant Signature (required if applicable) Date

(Agreement continued on reverse)

I agree to the terms and conditions of the payment method I selected and I agree to accept information regarding this VISA credit card via e-mail at the address provided herein. I authorize Alliant to check my employment history, obtain my credit report, and to answer questions about its credit experience with me.

I understand the credit line and the terms of my account will be based on a review of the information I provided in this application, my current credit report and any other information bearing my creditworthiness. Maximum credit line will be issued based on credit qualifications.

FOR APPLICATIONS WHERE MEMBER'S CHOICE™ VISA Credit Card Protection IS SELECTED: I attest that I have received and thoroughly read the MEMBER'S CHOICE™ Protection Agreement. I authorize the MEMBER'S CHOICE™ VISA Credit Card Protection fees to be added to my VISA credit card each month. I understand that I may cancel the protection within 30 days and any fee paid would be returned and that I can cancel any time after the initial 30 days. I also understand that I may not be eligible for all benefits contained in the MEMBER'S CHOICE™ VISA Credit Card Protection Program.

FOR APPLICATIONS WHERE AUTOMATIC PAYMENT FROM AN ALLIANT ACCOUNT IS SELECTED: I understand that I will be responsible for making sure there are sufficient funds in my account on the autopay date as indicated on my credit card statement.

FOR APPLICATIONS WHERE PREAUTHORIZED PAYMENT FROM AN ACCOUNT HELD AT ANOTHER FINANCIAL INSTITUTION IS SELECTED: I authorize Alliant Credit Union (Alliant) to initiate debit and credit entries via Electronic Funds Transfer through the Automated Clearing House (EFT-ACH) on my account at the depository financial institution listed herein to pay my Alliant VISA credit card. I further authorize Alliant to perform any necessary correction entries, as needed, to my account at the depository financial institution listed herein to pay my Alliant VISA credit card. I understand and agree that I must allow Alliant thirty (30) calendar days to process and initiate the EFT-ACH payment for my VISA credit card, and that my VISA credit card payments are due by the date(s) specified in my VISA credit card agreement; the EFT-ACH payment method does not, in any way, alter or change the obligations and/or requirements for payment of my VISA credit card. If the interest rate changes or if I take an advance against any line of credit (if applicable), I understand and agree that my EFT-ACH payment will be updated to reflect the change(s), per my VISA credit card agreement.

I understand and agree that if my account at the depository financial institution I listed in section 6 does not have sufficient funds to make my VISA credit card payment, Alliant will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of such insufficiency. I acknowledge that, in the event Alliant's attempt to collect my payment via EFT-ACH is unsuccessful, I must make my VISA credit card payment by other means. I understand that Alliant will assess a fee to my VISA credit card(s), in addition to any other fees and/or charges, as a result of my account at the depository financial institution listed having insufficient funds. Refer to the VISA Credit Card Agreement at www.alliantcreditunion.org for a complete list of fees. Failure to make a successful VISA credit card payment via ACH three consecutive months may result in an automatic revocation of the ACH by Alliant. I agree to notify Alliant in writing at least thirty (30) days in advance to cancel this EFT-ACH payment authorization. In all instances, if my VISA credit card becomes delinquent after 5 days, a late fee may be assessed on the next statement cycle date. Refer to the VISA Credit Card Agreement at www.alliantcreditunion.org for a complete list of fees.

COMPLETE AGREEMENT AND RETURN:

Stop by your local Service Center, or mail to:
Alliant Credit Union
Attn: Member Lending Center
P.O. Box 66945
Chicago, IL 60666-0945

FOR MORE INFORMATION:

Call 773-462-2000
or toll-free 800-328-1935
TDD/TTY 773-462-2300



P.O. Box 66945, Chicago, IL 60666-0945
www.alliantcreditunion.org



Equal Housing Lender



VISA® credit card application



PLATINUM REWARDS AND PLATINUM VISA® CREDIT CARDS

No annual fee · Generous credit lines · Worldwide acceptance · 24-hour toll-free account information · Earn *CU Rewards*™ bonus points with Platinum Rewards Card

