



**Georgia Power
Northwest Federal
Credit Union**

VISA

Credit Card Application



**Georgia Power
Northwest Federal
Credit Union**

Main Branch
906 Broad Street
Rome, GA 30161
(706) 232-6871

Carrollton Branch
1200 South Park Street
Carrollton, GA 30117
(770) 214-1050

Cartersville Branch
317 Covered Bridge Road SW
Cartersville, GA 30120
(770) 606-6123

www.gpnwfcu.org

Your savings federally insured to at least \$250,000
and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency

VISA

Annual Percentage Rate for Purchases, cash advances and transfers	Rates from 9.9% -12.9%*
Grace Period for repayment of balances for purchases	25 days
Annual Fee	None
Minimum Finance Charge	None
Minimum Payment	4% or \$20
Balance Transfer Fee	None
Transaction Fee for Purchases	None
Transaction Fee for Cash Advances	None
Late Payment Fee	\$25.00
Over the credit limit fee	None
Returned Check fee	\$25.00

**Qualification is based on an assessment of creditworthiness and our underwriting standards. All Credit Union loan programs, rates, terms and conditions are subject to change at any time without notice.*



**Account Choice
(Check Only One)**

- Individual Account Individual Account with Authorized User
 Joint Account Joint Account with Authorized Users
 Credit Limit Increase Share-Secured Card

Applicant

Account# _____

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell _____ Home Email _____

Mortgage/Rent Payment \$ _____

Monthly Salary \$ _____

Limit Request \$ _____ You must have verifiable income.

Employer _____ How long? _____

Co-Applicant

Name _____

Social Security Number _____ Date of Birth _____

Home Phone _____ Work Phone _____

Cell _____ Home Email _____

Monthly Salary \$ _____

Employer _____ How Long? _____

Address (If different from applicant) _____

City _____ State _____ Zip _____

READ THIS STATEMENT BEFORE SIGNING. By returning this application to the Credit Union, I/we promise that everything stated herein is correct to the best of my/our knowledge and that the I/we authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. I/we understand that the Credit Union will rely on both the representations I/we make in this application and the contents of any credit report it obtains when deciding whether to grant the credit requested. I/we agree to immediately notify you of changes to any of the information provided in this application. I/we agree that my/our account will be subject to the terms and conditions of all applicable Agreement and Disclosure Statement that will accompany my Card(s) when issued; and that a photocopy or facsimile of this application shall be as binding as the original.

Authorized User/Card. I/we also request that an additional card be issued in the name of the Borrower for use by the authorized user identified below. The undersigned specifically acknowledge their responsibility for all purchases and/or cash advances made by the Authorized User or anyone the Authorized User allows to use any card(s) issued in connection with your credit card account. The Authorized User acknowledges his or her responsibility for all purchases and cash advances they make or authorize.

Applicant's Signature
Date
Co-Applicant's Signature
Date
Authorized User -- Print Name(s)

SECURITY AGREEMENT AND PLEDGE. By signing this application, acceptance or authorized use of any credit card(s) issued, I/we pledge our shares per any other agreements with the Credit Union to secure payment of my/our obligations on this account. Shares mean all deposits in any share savings, share draft, club, or other account(s), whether jointly or individually held, all of which are deemed "general deposits," for the purpose of your pledge. Additional Security: I/we understand that collateral securing other loans will secure this account; and that property purchased with my/our credit card(s) will also secure this account.

Date Approved
Limit Approved For
Approved By

TRANSFER OF BALANCE REQUEST

Upon approval, please transfer the balance on the credit card account(s) listed below as a cash advance to my GEORGIA POWER NORTHWEST FEDERAL CREDIT UNION credit card. I have included a copy of my last statement showing the remittance address and account number. The transfer requests can not exceed your credit line limit. It will be your responsibility to close the account(s), if you choose.

Account# _____	Account# _____	Account# _____
Card Issuer _____	Card Issuer _____	Card Issuer _____
Amount to Transfer \$ _____	Amount to Transfer \$ _____	Amount to Transfer \$ _____

*** Rates are based on the credit worthiness of the applicant and are subject to change.**

Additional Finance Charges

A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statements for the previous billing cycle within 25 days of the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date.

A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is posted.

The information about the costs of the card described in this application is accurate as of 2/2010. This information may have changed after that date. To find out what may have changed, call (706) 232-6871.