AUTO-OWNERS ASSOCIATES CREDIT UNION

PO Box 30660 Lansing, MI 48909

517-323-1370 • Fax: 517-391-1189



CREDIT CARD APPLICATION

There are costs associated with the use of a credit card. Information about costs, rates, and fees may be contained in disclosures provided with this application or by colling us tall-free or collect at

| application or | by calling us | s toll-free or c | ollect at | or writing to us at the address stated on this application. | | | | |
|---|---------------------|------------------|--|---|---------------------|-----------------|---|--|
| Check below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account. | | | | | | | | |
| Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if | | | | | | | | |
| | | | ollateral is located in a co | mmunity property state (A | K, AZ, CA, I | D, LA, NM, N | IV, TX, WA, WI) | |
| your spouse v | | | | | | | | |
| | | | | nent. If you are relying on | | | | |
| | | | | about the person on whos | | | | |
| Joint Credit: Each Applicant must individually complete appropriate section below. If Co-Applicant is spouse of the Applicant, mark | | | | | | | | |
| Co-Applicant box. | - In the state of | | | | | | | |
| Credit Card Account: | _ | _ | 10 4 11 | | | | Pr. 7 | |
| | or joint creal | t, Applicant a | nd Co-Applicant each agr | ee and acknowledge the intent to apply for joint credit (sign below): | | | | |
| Applicant Signature Date | | | | Co-Applicant Signature | | | Date | |
| | | | | | | | | |
| X | | | (Seal) | X | | | (Seal) | |
| | <u>Ф</u> | | | | | | • | |
| Credit Limit Requested Purpose/Collateral: | Ф | | | If Authorized Hear Name | • | | | |
| ruipose/Collateral. | | | | If Authorized User, Name | ∃ . | | | |
| | | | | | | | | |
| APPLICANT | | | | OTHER CO-APPLICANT SPOUSE GUARANTOR OTHER | | | | |
| NAME (Last - First - Initial) | | | | NAME (Last - First - Initial) | | | | |
| ACCOUNT NUMBER | L SOCIAL SECI | LIDITY NI IMPED/ | INDIVIDUAL TAX ID NUMBER | ACCOUNT NUMBER | SOCIAL SEC | LIDITY NILIMDED | /INDIVIDUAL TAX ID NUMBER | |
| | | | INDIVIDUAL TAX ID NOMBLIC | | | | MINDIVIDUAL TAX ID NOMBER | |
| BIRTH DATE | EMAIL ADDR | ESS | | BIRTH DATE | EMAIL ADDRESS | | | |
| HOME PHONE | CELL PHONE | | BUSINESS PHONE/EXT. | HOME PHONE | CELL PHONE | | BUSINESS PHONE/EXT. | |
| | | | | | | | | |
| DRIVER'S LICENSE NUMBER | /STATE | AGES OF DEF | PENDENTS | DRIVER'S LICENSE NUMBER/STATE AGES OF DEPENDENTS | | | | |
| PRESENT ADDRESS (Street - | - City – State – Zi | ip) | OWN RENT | PRESENT ADDRESS (Street – City – State – Zip) OWN RENT | | | OWN RENT | |
| | | | LENGTH AT RESIDENCE | | | | LENGTH AT RESIDENCE | |
| | | | | | | | | |
| NAME AND ADDRESS OF NE | AREST RELATI\ | /E NOT LIVING | RELATIONSHIP | NAME AND ADDRESS OF NE | AREST RELATIV | /E NOT LIVING | RELATIONSHIP | |
| WITH YOU | | | | WITH YOU PHONE NUMBE | | | | |
| | | PHONE NUMBER | PHONE NUMBER | | | | | |
| | | | | | | | | |
| MORTGAGE/RENT OWED TO | | | | MORTGAGE/RENT OWED TO | | | | |
| | | | | | | | | |
| MORTGAGE BALANCE | MONTHLY PA | YMENT | INTEREST RATE | MORTGAGE BALANCE | MONTHLY PA | YMENT | INTEREST RATE | |
| \$ COMPLETE FOR JOINT CREE | \$ DIT SECURED (| REDIT OR IF YO | % DULIVE IN A COMMUNITY | \$ COMPLETE FOR JOINT CREE | \$ DIT SECURED (| REDIT OR IF YO | % DULIVE IN A COMMUNITY | |
| PROPERTY STATE: | | | | PROPERTY STATE: | | | | |
| MARRIED SEPAR | RATED U | JNMARRIED (Sin | gle - Divorced - Widowed) | MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed) | | | | |
| EMPLOYMENT/INCOME | | | | EMPLOYMENT/INCOME | | | | |
| | | PART TIME HOU | RS PER WEEK | | | PART TIME HO | URS PER WEEK | |
| START DATE: | | | | START DATE: | | | | |
| NAME AND ADDRESS OF EMPLOYER | | | | NAME AND ADDRESS OF EM | PLOYER | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT | | | | | | | TENANCE INCOME NEED NOT | |
| BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED. EMPLOYMENT INCOME PER OTHER INCOME PER | | | | BE REVEALED IF YOU DO NO EMPLOYMENT INCOME PE | | OTHER INCO | | |
| \$ | | \$ | | \$ | | \$ | | |
| TITLE/GRADE SOURCE | | SOURCE | | TITLE/GRADE | | SOURCE | | |
| DDEVIOUS EMDLOVED NAME AND ADDRESS IS EMDLOVED LESS THAN TWO VEADS | | | PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS | | | | | |
| PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN TWO YEARS | | | | PREVIOUS EMPLOYER NAME | E AND ADDRES | S IF EMPLOYED | LEGO THAN TWO YEARS | |
| | | | | | | | | |
| | | | | | | | | |
| STARTING DATE | | ENDING DATE | Ē | STARTING DATE | | ENDING DAT | E | |
| AND ITARY, IS DUTY STATION TRANSFER EXPECTED BURING MEYT VEADS THE | | | | MILITARY, IS DUTY STATION | TDANCED EV | DECTED DUDIN | C NEVT VEADS TO VES THE | |
| MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE | | | | WHERE | I RANSFEK EX | | G NEXT YEAR? YES NO NO NOTE | |

| REFERE | NCE | | REFERENCE | | | | | |
|---|---|--|---|---|--|--|--|--|
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | | | NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | | | | | |
| | | | | | | | | |
| RELATIONSHIF | D | HOME PHONE | RELATIONSHIP | HOME PHONE | | | | |
| STATE | AW NOTICE(S) | | | | | | | |
| STATE LAW NOTICE(S) Notice to Nebraska Residents: A credit agreement must be in writing to be enforceable under Nebraska law. To protect you and us from any | | | | | | | | |
| | misunderstandings or disappointments, any contract, promise, undertaking, or offer to forebear repayment of money or to make any other financial | | | | | | | |
| | accommodation in connection with this loan of money or grant or extension of credit, or any amendment of, cancellation of, waiver of, or substitution for any or all of the terms or provisions of any instrument or document executed in connection with this loan of money or grant or extension of credit, | | | | | | | |
| must be in writing to be effective. | | | | | | | | |
| Notice to New York Residents: New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or www.dfs.ny.gov. | | | | | | | | |
| Notice to O | hio Residents: The Ohi | o laws against discrimination require | that all creditors make credit equally a | vailable to all creditworthy customers, | | | | |
| and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. | | | | | | | | |
| Notice to V | Visconsin Residents: (| | rty agreement, unilateral statement ur | | | | | |
| | | | unless the Credit Union is furnished a d or the account is opened. (2) Please | | | | | |
| | | | will be incurred in the interest of the ma | | | | | |
| Signature for | Wisconsin Residents Only | Date | | | | | | |
| | , | | | | | | | |
| X | | (Seal) | | | | | | |
| CREDIT (| CARD CONSENSU | AL SECURITY INTEREST | | | | | | |
| You grant u | us a security interest in | all individual and joint share and/ | or deposit accounts you have with | | | | | |
| | | | er account that would lose special to ave given in your shares and depos | | | | | |
| shares unle | ess you are in default. | When you are in default, you auth | orize us to apply the balance in the | ese accounts to any amounts due. | | | | |
| For example balance. | le, if you have an unpa | id credit card balance, you agree | we may use funds in your account | (s) to pay any or all of the unpaid | | | | |
| | or otherwise authenti | cating below, you are affirmativel | y agreeing that you are aware tha | t granting a security interest is a | | | | |
| | | ou intend to grant a security interes | | | | | | |
| Consensual S | Security Interest Acknowledger | ment and Agreement Date | Consensual Security Interest Acknowledge | ment and Agreement Date | | | | |
| X | | (Seal) | X | (Seal) | | | | |
| L | | (Seai) | | (Seal) | | | | |
| SIGNATU By signing of | JRES or otherwise authenticatin | d below: | | | | | | |
| 1. You | u promise that everything | you have stated in this application is | s correct to the best of your knowledge | | | | | |
| | you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received and for other accounts, products, or services we may | | | | | | | |
| offe | er you or for which you n | nay qualify. You understand that the | Credit Union will rely on the informati | on in this application and your credit | | | | |
| report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application. | | | | | | | | |
| 2. You understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card | | | | | | | | |
| Agreement and Disclosure. | | | | | | | | |
| Applicant's Si | ignature | Date | Other Signature | Date | | | | |
| X | | (Seal) | X | (Seal) | | | | |
| CREDIT UNION USE ONLY | | | | | | | | |
| DATE | APPROVED | CREDIT CARD LIMIT | NUMBER OF CARDS CREDIT CA | RD NUMBER | | | | |
| | DECLINED | \$ DEBT RATIO/SCORE: BEFORE | AFTER | | | | | |
| [(Adverse Action Notice Sent) LOAN OFFICER COMMENTS: | | | | | | | | |
| | | | | | | | | |
| Credit Committee or Loan Officer Signatures Date Credit Committee or Loan Officer Signatures Date | | | | | | | | |
| | | | | | | | | |
| Y | | | | | | | | |
| | | (Seal) | X | (Seal) | | | | |