

Student Visa Credit Card Application



Apply by phone at 800-755-0055, online at www.altra.org, or return this application to:
 Fax: 608-787-4556 or Altra Federal Credit Union Attn: Credit Card, PO Box 443, La Crosse, WI 54602-0443

APPLICANT INFORMATION

What type of credit are you applying for? Individual Co-Applicant / Joint I would like an Authorized user. Name of User: _____

Are You: Married Unmarried Requested Credit Limit \$ _____ Altra Account #: _____

Print Full name: _____ Birthdate (MM-DD-YYYY) _____ SSN _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Do You: Rent Own Other Monthly Payment \$ _____ Length at address _____

Email Address: _____ Check here to authorize Altra to inform you of special Altra offers and news. You may opt out at any time.

Applicant's Current Employer	Length Employed	Co-applicant's Employer	Length Employed
Applicant's Annual Income + bonus	_____	Co-applicant's Name (print)	_____
Spouse / Co-applicant income + bonus (required if applicant is under age 18)	_____	Birthdate (MM-DD-YYYY)	SSN
Other means of financial support	_____	Driver's License #	State
Total income	_____	<input type="checkbox"/> I have provided information for the purpose of being a co-applicant.	

SIGNATURES

I/we understand that by signing this application, I/we promise to pay all amounts charged and advanced in accordance with the terms and conditions set forth in the Credit Cardholder Disclosure that I/we will receive with my/our Altra Federal Credit Union credit card. I/we understand that a security interest is a condition for the credit card account and I/we grant Altra a security interest in all funds, now or hereafter, in the Altra accounts specified on this application (except IRAs) and if I/we default under the terms of this agreement, I/we authorize Altra to apply such funds to the payment of my/our credit card indebtedness. I/we also understand that collateral securing other debts at Altra also secures this indebtedness, except for my principle dwelling and household goods.

Applicant's Signature (required)
X _____ Date _____

Co-applicant's / Spouse's Signature (state law requires co-applicant to sign if applicant is under age 18)
X _____ Date _____

YES _____ Initial here to protect your credit card account balance in the event of death, disability, or unemployment by enrolling in the **Group Credit Card Insurance Program** offered by Central States of Omaha. You're eligible for involuntary unemployment insurance only if you're working for wages or profit 30 hrs/week or more. Joint Applicant not eligible for disability or involuntary unemployment insurance. (Coverage ends at age 71.) The Group Credit Card Insurance Program is not a deposit in Altra; not NCUA insured; not insured by any federal government agency; and not guaranteed by Altra.

NO _____

Choose your card style:



All-in-one Application

To apply for additional products & services while we review your credit card application, please select from the items below.

- REGULAR SAVINGS** \$5.00 check or money order made payable to Altra Federal Credit Union is required to open this account. Please do not mail cash.
- CHECKING**
 - A+ Checking Free Checking Premium Platinum
 - Other _____
- VISA CHECK CARD** (Joint Signature required if under age 18)
- OVERDRAFT PROTECTION FOR CHECKING** If no selection is made, your savings will automatically be used. Transfers from Savings, Checking, or Credit Card are subject to a fee.
 - Regular Savings Personal Line of Credit HELOC Other
 - No, I do not want Overdraft Protection on my Checking account. I understand that without it I will be charged an NSF fee for each returned check.
 - Co-Applicant Account # _____

By signing below, I/we understand I/we have applied for Altra Federal Credit Union membership, products, and/or services. I/we certify that the foregoing information has been supplied truthfully, accurately, and voluntarily. If proven otherwise, you may demand payment in full of any debt I/we have outstanding with you or revoke any services I/we use. I/we further understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts.

I/we authorize Altra to conduct any investigations as you deem necessary, including, but not limited to any credit bureau or consumer report. I/we: 1) acknowledge receipt of Altra's full disclosure called Important Account Information for Our Members; 2) agree to be bound by all terms of any Altra disclosures, account agreements, bylaws and amendments; 3) grant Altra a security interest in this account to secure all obligations owing by any or all of the undersigned to Altra, now or in the future; 4) understand that I/we need to maintain membership in good standing. This application does not constitute a contract for the extension of credit.

I am subject to backup withholding either because I have been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am subject to backup withholding. The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.

Applicant Initials (required for all-in-one-application) _____ Date _____

Co-applicant Initials _____ Date _____
 (State law requires co-applicant signature if applicant is under age 18)

IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for 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. I understand that by signing this application, I/we promise to pay all amounts charged and advanced in accordance with the terms and conditions set forth in the Credit Cardholder Disclosure that I/we will receive with my/our Altra Federal Credit Union credit card.



Information for MasterCard, VISA Classic, VISA Student, VISA Gold, and VISA Platinum.
 This information is current as of 05-15-09, subject to change. For current information call 800-755-0055.
 You will receive your complete Altra credit card disclosure with your Altra Visa credit card.

Visa Platinum Annual percentage rate (APR) for purchase & cash advance	9.9%
Visa Gold Annual percentage rate (APR) for purchase & cash advance	11.9%
MasterCard, Visa Classic, and Visa Student Annual percentage rate (APR) for purchase & cash advance	13.9%
Other APRs Fixed Rate	Accounts Not in Good Standing: 17.9%*
Variable Rate information	APR may vary, unless otherwise disclosed. We may change your rate on the first day of each calendar quarter. The new rate is determined by adding 4%, 6%, or 8% to an index, which is the weekly average yield on U.S. Treasury securities adjusted to a constant maturity of two years, as made available by the Federal Reserve Board. The maximum rate is 18%.
Grace period for repayment of purchase balance	25 Days**
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual fees	None
Minimum Finance Charge	None
Other Fees	Cash advance, balance transfer, convenience check Transaction fee 3%, min \$5 / no max (unless stated as \$0 in promotional material). Foreign Transaction fee: 1% of transaction. Over-the-limit fee: \$35. Convenience Check stop payment fee: \$30. NSF Check Fee: \$30. Late Payment: \$35. Card Replacement: \$5. Statement Copy: \$5. Over-the-counter payment: \$5.

*Accounts are deemed NOT in good standing after failure to make at least the minimum payments on time for two (2) times during any twelve (12) month period. After making six (6) consecutive on-time minimum payments, rate returns to standard APR.

**There is no grace period for repayment of the balance for cash advances, convenience checks, and balance transfers.

***Balance Transfer Disclosure:** You agree to allow approximately 30 days for us to process and transfer the balance(s) to your Altra account. Please continue to make at least the minimum payments on your other credit cards. Altra is not responsible for fees and finance charges incurred by you prior to your balance being transferred. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). You will continue to be responsible for any balances on your other credit cards. In the event that your request(s) exceed the amount of your credit line, Altra may decline to process one or more of the requests. The payment and transfer of balances is contingent upon approval by Altra and receipt of complete, legible balance transfer requests. Your balance transfer request may not be used to make payments toward amounts you owe Altra. Transfer requests to cash or to yourself cannot be processed.

State laws require the following notices: **California Residents:** Married applicants may apply for separate credit. **New York Residents:** May contact the New York State Banking Department at 1-800-518-8866 to obtain a comparative listing of credit card rates, fees and grace periods. **Ohio residents:** The Ohio law against discrimination requires that all creditors make credit equally available 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. **Married Wisconsin Residents:** No provision of any marital property agreement, unilateral statement, or court order applying to marital property will adversely affect a creditor's interests prior to the time credit is granted, the creditor is furnished with a copy of the agreement, statement or court order, or has actual knowledge of the provision. In addition, you must send us the name and address of your spouse within 15 days to Altra Federal Credit Union, Attn: Credit Card Department, P.O. Box 443, La Crosse, WI 54601, so we can provide your spouse with a disclosure required under state law.

Monthly payment applied first to Fees, then to balances from the lowest APR to the highest.

If you are approved for credit, you will receive a full card Disclosure or Agreement, depending on the card you are approved for. Read it carefully for important information regarding your account. These documents will be binding on you unless you cancel your account prior to using or authorizing the use of your account. We may change the Disclosure or Agreement at any time in accordance with applicable laws and terms.

By signing and returning your application, it means you understand and agree to the following conditions: You authorize Altra Federal Credit Union (Altra) to verify the information provided and to obtain a current credit bureau report. The line of credit which you will get will depend on Altra's review of this information. You agree to be bound by the terms of the Altra Credit Card Plan Agreement or Disclosure. You understand that a security interest is a condition for the credit card account and grant Altra a security interest in all funds, now or hereafter, in the Credit Union account specified in this credit offer (except any IRAs), and if you default under the terms of this agreement, you authorize Altra to apply such funds to the payment of your credit card indebtedness. You also understand collateral securing other debts at Altra also secures this indebtedness, except for my principle dwelling and household goods. To continue using any account at Altra you must maintain membership in good standing. You have the right to prohibit information contained in your file with any credit reporting agency from being used in connection with any credit transaction that you do not initiate. You may exercise your right to do so by calling the following credit reporting agencies: Trans Union, P.O. Box 97328, Jackson, MS 39288, or call 800-680-7293; Equifax Options, P.O. Box 740123, Atlanta, GA 30371-0123, or call 800-755-3502; TRW Credit Marketing, P.O. Box 919, Allen, TX, 75002, or call 800-353-0809.

Earn one Reward Point for each dollar of purchases; program has NO annual fee. No points are earned for cash advances, convenience checks, or balance transfers. Reward Points cannot be used with any other offer, promotion, or discount and cannot be earned from, transferred to, or combined with any other frequent flyer program or travel points program. Altra reserves the right to change the terms and conditions of this program at any time. If Altra terminates the program, Cardholders will be given 90 days to redeem accumulated Reward Points. Reward Points must be used within five calendar years and will expire on a first-in, first-out basis (Reward Points earned in calendar year one will expire on the last business day of calendar year five). Your statement will show the number of Reward Points earned. Reward Points are non-transferable and will be forfeited if your account is closed by you or by Altra. Any income tax implications imposed by receiving items are the sole responsibility of the Cardholder. Please consult your tax advisor.