

## INTEREST RATES AND INTEREST CHARGES

### Annual Percentage Rate (APR) for purchases

Credit Score	A	B	C	D
Visa Classic	10.25%	12.25%	13.25%	15.50%
Visa Rewards	12.50%	13.50%	15.00%	N/A

We will tell you in writing which rate applies upon approval of your application. Rate based on credit score.

**Shared Secured | 13.50%**

**APR for Balance Transfers** The Annual Percentage Rate will be 2% higher than the stated interest rate based on your score.

**APR for Cash Advances** The Annual Percentage Rate will be 2% higher than the stated interest rate based on your score.

**How to Avoid Paying Interest on Purchases** Your due date is 25 days after the close of each billing cycle. We will not charge interest on purchases if you pay your entire balance by the due date each month.

**Minimum Interest Charge** **None**

**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>.

### FEES

· Annual Fee **None**

#### Transaction Fees

- Balance Transfer **0%** of the amount of each transfer.
- Cash Advance **1.50%** of transaction amount.
- Foreign Transaction Fees **1%** of transaction amount.

#### Penalty Fees

- Late Payment (15 Days or More) \$10.00
- Returned Payment Fee \$15.00
- Over-the-Limit Fee None

**How We Will Calculate Your Balance:** We use a method called “average daily balance (including new purchases).”

The information about the cost of the card described on this application was printed on June 1, 2018 and was accurate as of that date, but is subject to change after that date.

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.



**GREATER SPRINGFIELD  
CREDIT UNION**

1030 Wilbraham Road, Springfield, MA 01109  
Phone: (413) 782-3161 Fax: (413) 783-0142  
[www.grscu.org](http://www.grscu.org)

# MyCardRules FAQ's

## What is MyCardRules?

MyCardRules is an easy-to-use mobile app that lets you set card controls, add restrictions and receive transaction alerts.

## How Does MyCardRules let me Manage My Cards

Just download the MyCardRules app from Google Play™ or the App Store®. Then you can set a wide range of controls and alerts on all your cards. For example, you can:

- Turn your card on or off
- Set transaction spending limits based on your preferences, including dollar amount, transaction type and merchant type
- Get instant alerts on certain types of transactions, like when a transaction is declined
- Set a specific region where the card can be used or restrict usage based on your mobile device's location
- Set parental controls and monitoring

Alerts will show up just like any other notifications you get on your mobile device.

## Why is it a Better Way to Manage My Cards?

Because you can manage your card transactions all in one place, right from your mobile device. You have complete control of how, when, where — and WHO uses your cards.

Plus, knowing that you've set rules, restrictions and alerts that meet your specific spending preferences adds another layer of fraud detection and prevention, and gives you added peace of mind.

## Is it secure?

Yes, managing your cards with MyCardRules is

safe and secure. Your account is password protected and highly encrypted.

## How do I get started?

After you download the MyCardRules app, select "New User" and then enter your card information to begin registration. You'll need to provide:

- Card Number
- Expiration Date
- Security Code (usually on the back of your card)

Next, you'll create a username and password. Once your account is created, you can log in and access the "Card Details" screen. From this screen you can:

- Turn card controls on/off
- Set controls
- Manage alert preferences
- View recent transactions and more



**GREATER SPRINGFIELD**  
**CREDIT UNION**

**Main Office**  
1030 Wilbraham Road  
Springfield, MA 01109  
(413) 782-3161  
Fax: (413) 783-0142

**East Longmeadow**  
157 Shaker Road  
East Longmeadow, MA 01028  
(413) 782-3161  
Fax: (413) 525-4353



# Visa® Credit Card Application

*feel the  
freedom....*

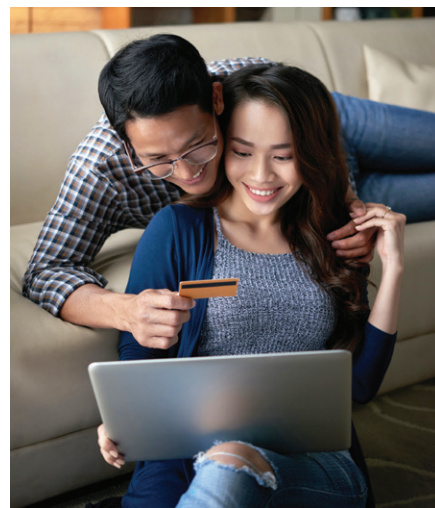


**GREATER SPRINGFIELD**  
**CREDIT UNION**

## Apply for a Credit Card

To apply for a Greater Springfield CU Visa® Credit Card, visit [www.grscu.org](http://www.grscu.org), call (413) 782-3161, or stop by any of our office locations. After approval, your card is mailed within 10 business days.

- **Low fixed rate**
- **No annual fee**
- **Rewards points**
- Convenience to make purchases worldwide.
- Flexibility to make purchases in person, over the phone, or on the Internet. Plus obtain a cash advance when you need it.



## Layers of Protection

### Loan Protect

This optional coverage helps to protect your credit and reduce financial pressure in the event of death or disability.\*

*\*Exclusions apply. Ask for details.*

### 3-D Secure

3-D Secure offers additional fraud protection by analyzing the merchant's contextual data and then prompting consumers to verify their identity only on high risk transactions.

### Lost or Stolen Card Reporting

Enjoy peace of mind knowing that if your Visa card is ever lost or stolen, assistance is a phone call away. Please call 800-682-6075 for 24/7, 365 days a year assistance or go to [www.reportmycards.com](http://www.reportmycards.com).

## Take Full Control of Your Cards

With MyCardRules™, you decide when, where and who uses your cards.

### Manage Your Card Spending Right From Your Mobile Device

Turn your cards on or off, set spending limits and get alerts. All with a few quick taps



## Rewards

- 1% cash back on all transactions which is deposited to a share account on June 1 and December 1.

# Visa Credit Card Application

A table that includes the APRs and other required cost disclosures for credit card applications is on the reverse side of this application.

Check the appropriate box to indicate the type of credit for which you are applying.  Individual credit  Visa Classic  Joint credit  Visa Rewards  Shared Secured

Debt Protection  Yes  No See below signature and disclosure

Credit limit requested: \$ \_\_\_\_\_

Number of cards desired?  1  2

APPLICANT Name			Date of Birth	Mother's Maiden Name	
Street			Social Security Number	Driver's License Number and State	
City, State, Zip			Home Phone	Number of Dependents Ages	
Gross Annual Income \$	Net Monthly Pay \$	Email Address		Are you self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must provide 2 years of tax returns)	
Current Employer		Business Phone Number		Title/Rank/Grade	
Type of Business		Business Address			Start Date
Previous Employer		Previous Business Address		Title/Rank/Grade	Start Date/End Date

<input type="checkbox"/> CO-APPLICANT NAME CHECK ONE			<input type="checkbox"/> AUTHORIZED USER NAME		
Street			Date of Birth	Mother's Maiden Name	
City, State, Zip			Social Security Number	Driver's License Number and State	
Home Phone			Number of Dependents Ages		
Gross Annual Income \$	Net Monthly Pay \$	Email Address		Are you self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must provide 2 years of tax returns)	
Current Employer		Business Phone Number		Title/Rank/Grade	
Type of Business		Business Address			Start Date
Previous Employer		Previous Business Address		Title/Rank/Grade	Start Date/End Date

**LIST ALL DEBTS.** Attach other sheets if necessary. NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Debts	Owed to	Address	Account No.	Present Balance	Monthly Payments	Amount Past Due
Mortgage or Rent						
Child Support, Alimony or Maintenance						

## FINANCIAL REFERENCES

Share Draft or Checking Account Number / Amount	Name and address of depository	Phone
Savings Account Number / Amount	Name and address of depository	Phone

The credit union is relying on what you stated in this application, and you acknowledge that everything you have stated is true and correct and that you have provided a COMPLETE listing of all your debts and obligations. 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. You understand that the Credit Union will rely on the information 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.

Applicant Signature <b>X</b>	Date	Co-Applicant Signature <b>X</b>	Date
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**This Contract is voluntary and not required to obtain credit. We will not consider whether or not You elect protection in making a credit decision.**

YOU ELECT THE FOLLOWING OPTION: (check only one box)	Life & Disability	Disability	Life	No Protection
	· Life · Disability	· Disability	· Life	
<b>Program Fee: Cost per \$100 of the Monthly Outstanding Loan Balance*</b>	Single \$0.189	Single \$0.12	Single \$0.069 Joint \$0.11	

For the Option elected above, You choose (check only one box):  Joint Protection  Single Protection for Borrower 1  Single Protection for Borrower 2

This Contract protects the Borrower(s) listed above who elected protection.

The protected Borrower(s) may not qualify for all benefits.

**NOTICES:** \*If the Outstanding Balance is greater than \$50,000, the rate will not be applied to the amount that exceeds \$50,000.

The Contract contains certain terms, conditions and exclusions. Subject to those terms, conditions and exclusions, You are eligible for protection under this Contract if You are a Borrower on the Loan on the Effective Date of Protection and meet the eligibility requirements below.

**ELIGIBILITY QUESTIONS:** If electing Disability, You must answer Question 1.

1. Are You working twenty-five (25) hours or more per week? Borrower 1  Yes  No Borrower 2  Yes  No

If at least one Borrower answered "Yes" to Question 1, both Borrowers are eligible for Disability.

We will give You additional information before You are required to pay for Greater Springfield Credit Union Payment Protection. This information will include a copy of the Contract containing the terms of Greater Springfield Credit Union Payment Protection. There are eligibility requirements, conditions and exclusions that could prevent You from receiving benefits under Greater Springfield Credit Union Payment Protection. You should carefully read the Contract for a full explanation of the terms of Greater Springfield Credit Union Payment Protection. You may terminate protection on Your account(s) at any time by providing Us with written notice at least five (5) business days prior to the requested termination date. If You do so within (30) days of purchasing protection, We will credit Your Outstanding Balance for any fees charged for the protected account(s).

**Your signature or authentication below means:** (a) that You meet the eligibility requirements show above; (b) that Your election above will remain in effect, according to the terms of the Contract, unless subsequently modified; (c) that You agree to the Contract; (d) that You agree to pay for and let Us add the Program Fee to Your Loan balance each month, and may be subject to finance charges like the rest of Your Outstanding Balance; (e) that the fee You are charged for this protection is subject to change; and (f) if the "No Protection" checkbox is marked or if no checkbox is marked in the Options section, You do not have protection.

Borrower 1 Signature <b>X</b>	Date	Borrower 2 Signature <b>X</b>	Date
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