

MasterCard Classic
MasterCard Gold**

11.90% APR*
9.90% APR*



Grace period for repayment of the balance for purchases:	You have 25 days to repay your balance before a finance charge on purchases will be imposed.
Method of computing the balance for purchases:	Average daily balances (including new purchases)
Minimum finance charge:	\$0.50
Transaction fee for cash advances:	\$3.00
Transaction fee for purchases:	NONE
Annual Fees:	NONE
Late payment fee:	\$15.00
Over-the-credit-limit fee:	\$15.00

*Annual Percentage Rate

**To qualify for MasterCard Gold, which has a starting limit of \$5,000.00. Gross monthly household income must exceed \$5,000.00.

This information about the card described in this application is accurate and is effective as of July 1st, 2019. This information may change after that date. To find out what may have changed, write or call Journey Credit Union.

PO BOX 1496 DES MOINES IA 50305 | WWW.JOURNEYCU.ORG
 1400 2nd Ave Des Moines IA | 2930 SE 14TH St Des Moines IA
 P: 515-243-8735 or 515-282-3606 | F: 515-243-4423 or 515-282-1226

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer the balance(s) on the credit card accounts listed below.

Account #:	Balance:	Company:

JOURNEY CREDIT UNION credit cards are **EASY!**
 They are designed to meet your credit needs without surprise changes in interest rates or terms.
 You can easily make your payment at the credit union or online.
 If you have questions or concerns, the Journey Credit Union staff you know and love answer the phones to help you, not a call center in a different state or country.
 All to help you on *your road to financial* **SUCCESS!**

FINALLY...
a credit card that's

EASY

FIXED *rates*
NO *annual fee*
LOW *interest rate*



CREDIT CARD APPLICATION

___ Joint Credit ___ Share Secured ___ Classic Card ___ Gold Card
 I understand I must be a member to have a JCU credit card.
 Credit Limit Requested* \$ _____

APPLICANT	
Last Name	First
Street Address, City, State, ZIP	How long @ address?
Home Phone	Work Phone
Employer	Employer Address
Nearest Relative (not living w/ you) Name	Address, City, State, Zip
Any wage assignment, collection, suit, unsatisfied judgements, bankruptcy? ___ Yes (if yes, give details) ___ No	
CO-APPLICANT (if applicable)	
Last Name	First
Street Address, City, State, ZIP	How long @ address?
Home Phone	Work Phone
Employer	Employer Address
Nearest Relative (not living w/ you) Name	Address, City, State, Zip
Any wage assignment, collection, suit, unsatisfied judgements, bankruptcy? ___ Yes (if yes, give details) ___ No	

Signatures: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We also authorize the Credit Union to verify or obtain any further information deemed necessary concerning my/our credit standing. If this application is approved and a MasterCard card is issued, the undersigned applicant(s) by signing, using or permitting another to use the MasterCard card(s) agree that the applicant(s) will be bound by the terms and conditions accompanying the MasterCard card(s) and all amendments. If the credit card account is delinquent, I authorize the Credit Union to offset payments from any and all of my Credit Union deposit accounts, including deposits that may have come from Social Security, Federal or State payments. If multiple parties are signing, each of the applicants certifies that he/she is applying for joint credit.
 *The Credit Limit will be determined by the Credit Union.

Signature of Applicant _____ Date _____
 Signature of CO-Applicant _____ Date _____