

Better Money for Better Living is Better Banking

Our Visa credit cards offer:

- No Balance Transfer Fees
- No Annual Fees
- 10-day Late Payment Grace Periods
- 25-day Grace Period for Purchases
- No Over-the-Credit Limit Fees
- No Card Reissue Fees
- No Minimum Interest Charges

In addition to our standard Visa credit card with annual percentage rates as low as 6.99% to 18.00%, GNO offers two special credit cards with distinct features:

Visa Secured Credit Card

- Annual percentage rate of 8.00%
- Secured against your own funds

Visa Student Credit Card

- Annual percentage rate of 12.00%
- 1st year credit limit up to \$250 w/o a co-signer
- 1st year credit limit up to \$2,000 with a co-signer
(Proof of income required on qualified co-signer)



www.gnofcu.com

504.454.8224

Toll-free in LA: 888.468.5041

Toll-free outside of LA: 800.468.5041

866.363.0207

24/7 Call Center/Loan Line

MAILING ADDRESS

P. O. Box 6708
Metairie, LA 70009-6708

COMMUNIQUE' 24-HOUR ACCOUNT ACCESS LINE

504.459.8170

NATIONWIDE CO-OP SHARED BRANCH NETWORK

www.co-opsharedbranch.org

Federally Insured by the
National Credit Union Administration



CREDIT CARDS



Visa Credit Card Request Form

Choose one: Individual Account Joint Account Credit Limit Increase Limit requested: \$ _____

Applicant

Name _____ Credit Union Account # _____

Marital Status: Married Divorced Single N/A

Provide your marital status only if this loan request is for secured credit or if you reside in one of the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. If neither of the preceding conditions apply, select No Answer to Marital Status.

Address _____ City _____ State _____ Zip _____ How long? (yrs.) _____

SS# _____ DOB _____ Driver's License # _____ # of Dependents _____

Home Telephone _____ Cell Phone _____ E-mail _____

Own Rent Other Monthly Payment \$ _____

Employment _____ How long?(yrs.) _____ Telephone _____ Self Emp. Yes No

Address _____ Position/Occupation _____ Monthly Gross Income _____

Co-Applicant or Spouse

Name _____ SS# _____ DOB _____

Employment _____ How long?(yrs.) _____ Telephone _____ Self Emp. Yes No

Address _____ Position/Occupation _____ Monthly Gross Income _____

Driver's License # _____ Cell Phone _____ E-mail _____

Balance Transfer Request

I wish to transfer my present balance on the credit card account(s) listed below to my GNO FCU card.*

Card Name: _____

Amount: \$ _____

Account #: _____

Creditor's Payment Address: _____ City: _____ State: _____ Zip: _____

*Continue to make payments on your old card until your transfer appears as a credit on your statement.

Please check if you are interested in credit protection insurance? See CU Rep for details & pricing.

Single Credit Disability Single Credit Life Joint Credit Life

This must be signed by you and returned to the Credit Union.

By submitting this application, 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. Your rate will be based on creditworthiness and other factors. 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by the NCUA. By applying for a credit card, you understand that the use of your card will constitute an acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures.

Member's Signature _____ Date _____

Spouse/Co-Applicant's Signature (if applicable) _____ Date _____

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

Member's Signature _____ Date _____

Spouse/Co-Applicant's Signature (if applicable) _____ Date _____

Credit Union Use Only

Acct. # _____ Credit Limit _____ Approved by _____



Interest Rates & Interest Charges	
Annual Percentage Rate (APR) for Purchases, Balance Transfers, & Cash Advances	Rates from 6.99% to 18.00% Based on credit worthiness.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	There is no minimum interest charge that will apply to your account.
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. http://consumerfinance.gov/learnmore
Fees	
Annual Fees	None
Transaction Fees	
Balance Transfer	None
Cash Advance	None
Foreign Transaction	1% of each transaction in U.S. Dollars
Penalty Fees	
Late Payment	up to \$35.00*
Over-the-Credit Limit	None
Returned Payment	\$30.00
Other Fees	
Replacement Card	\$7.50
Card Reissue Fee	None
How We Will Calculate Your Balance: We will use a method called "average daily balance" (including new purchases).	
*Fee assessed after 10-Day Grace Period. Additional terms may apply. Refer to your VISA Disclosure for more info.	