

VISA CREDIT CARD DISCLOSURE

Interest Rates and Interest Charges

Annual Percentage Rates (APR) for Purchases	Platinum 9.5% Classic 14.5%
	Gold 10.5% Standard 17.75%
	All Rates are Non-variable
Annual Percentage Rates (APR) for Cash Advances	Platinum 10.5% Classic 15.5%
	Gold 11.5% Standard 18.75%
	All Rates are Non-variable
Penalty APR	None
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 any interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	There is no minimum interest charge.
For Credit Card Tips From the Federal Reserve Board (FRB)	To learn more about factors to consider when applying for or using a credit card, visit the website of the FRB at: http://www.federalreserve.gov/creditcard

Fees

Annual Fee	None of Platinum, Gold & Classic cards. \$20 on Standard cards.
Transaction Fees	<ul style="list-style-type: none"> ◆ Balance Transfer: None. ◆ Cash Advance: None on Platinum or Gold cards. Greater of 1.5% or Amount or \$2 on Classic and Standard cards. ◆ Foreign Transactions: None on Platinum or Gold cards. Greater of 1.5% or amount or \$2 on Classic and Standard cards.
Penalty Fees	<ul style="list-style-type: none"> ◆ Late Payment: As high as \$15 when payment is 15 or more days late. ◆ Over the Credit Limit: None. ◆ Returned Payment: \$25

How We Will Calculate Your Balance

We use a method called "average daily balance" (including new purchases).

I WISH TO APPLY FOR A VISA CREDIT CARD

- Visa Credit Card Limit Desired _____
- Issue card: Individual Joint

ADDITIONAL MEMBER SERVICES

Congratulations on your decision to make Bay Cities Credit Union your new financial home. *This all-inclusive application entitles you to apply for the full range of products and services listed below when you open your Savings Account.*

CHECKING ACCOUNTS AND SERVICES

- Checking Account (Please indicate which plan)
- Express Star Dividend Youth
- Please give me the first box of custom checks free.
- Convenience Card:
- Visa Debit - Check Card ATM (Savings Access)

CHECKING OVERDRAFT PROTECTION PLANS

- Checking Account Overdraft Protection (electronic transfer from BCCU Savings Account, Loan or Visa to cover checks)
- Savings Money Market Line of Credit Visa
- Automatic Overdraft Line of Credit Protection**
- Issue Credit: Individual Joint

24/7 ACCOUNT ACCESS

- Home Banking www.baycities.org
- Set up my Home Banking PIN
- Set up Home Banking Full Access
- Sign me up for e-Statements

AUTO REFINANCE OR PURCHASE

- I wish to apply for an auto loan with BCCU.

CONTACT US

PO Box 30 E-mail: info@baycities.org
Hayward, CA 94543 www.baycities.org

Member Services 510-690-6100

Loan Services 510-690-6166

FAX 510-537-LEND

BayLine® 24/7 Access 510-538-3425

Hours

Monday-Thursday..... 9:00 am – 5:00 pm

Friday 9:00 am – 6:00 pm



*Find a Shared Branch
Nationwide Network Near
You At www.CUswirl.com*

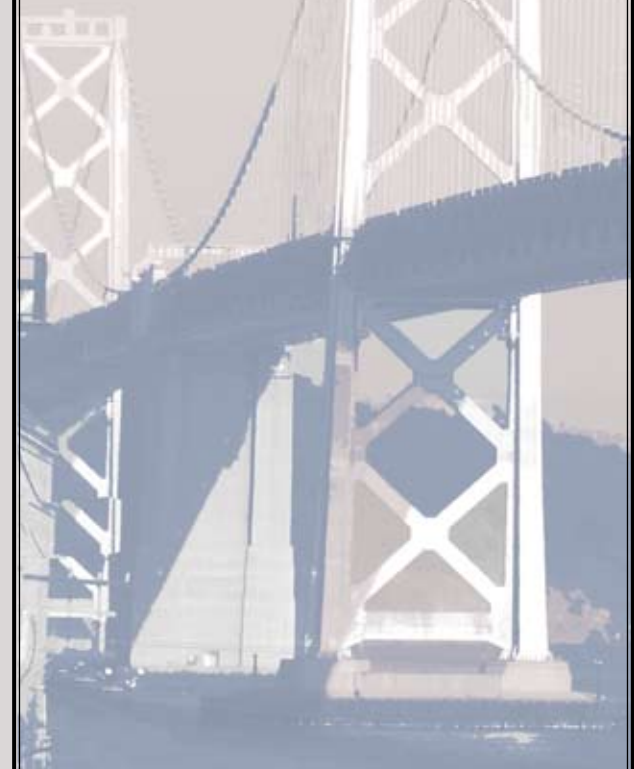
We Do Business in Accordance With the Federal Fair Housing Law and the Equal Credit Opportunity Act.



Revised 9-1-10



New Member Application





MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Legal Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Date of Birth _____

Social Security # _____

Password _____

Email _____

Driver's License or ID# _____

Mother's Maiden Name _____

JOINT APPLICANT INFORMATION

Unless otherwise specified at this time the account or loan application is opened, Joint Applicants may be joint on all accounts and loans excluding funds in IRA Accounts, and the initial \$25 of the share account.

Note: To add additional joint parties or beneficiaries, please request an Account Subsequent Change form.

Legal Name _____

Address _____

City, State, Zip _____

Day Time Phone _____

Date of Birth _____

Social Security # _____

Mother's Maiden Name _____

PAYABLE ON DEATH DESIGNATION OF BENEFICIARY

The below named person(s) is designated as the beneficiary on this account:

Beneficiary #1

Name _____

Address _____

Phone _____

Date of Birth _____ Relationship _____

Beneficiary #2

Name _____

Address _____

Phone _____

Date of Birth _____ Relationship _____

California is a community property state. If you designate a beneficiary other than your spouse, the spouse must consent to the designation by signing below:

X _____

Signature of Spouse _____ Date _____

AGREEMENT AND SIGNATURES

Membership Agreement

By signing below, I hereby apply for membership in Bay Cities Credit Union, and under this enrollment application, I authorize the Credit Union to establish savings, checking, money market, and other share accounts for my use. I request that I be given access to my accounts by telephone, ATM, debit card and/or any other electronic device for which I may qualify now or in the future. I acknowledge receiving a copy of the Credit Union's complete list of rules and regulations, and Rate and Fee Schedules. I agree to the terms and conditions for each account and service that I use, and I understand this application form will govern the ownership for all accounts established under this membership number unless other ownership is specifically stated in writing on forms acceptable to the Credit Union. I understand that on joint accounts, if I wish to list any beneficiaries, that all account owners must be deceased before funds can be allocated to any beneficiaries listed on this account.

It is also agreed that the member (applicant) may, at any time, without consent of the joint owner(s), close the account, add a joint owner or beneficiary or remove the name of any or all joint owners or beneficiaries on any account excluding checking products. Any monies may be deposited or withdrawn, subject to the bylaws and rules of the Credit Union, upon any one of the signatures below.

Credit Agreement

I/We understand that loans can be requested under this Membership Application and that such requests are governed under Bay Cities Credit Union's Premier Lending Plan. I/We authorize you to verify my employment, credit and any other banking industry including,

but not limited to, obtaining a consumer credit report from any of the credit reporting agencies. I/We understand that I/We will receive a full agreement governing the lending plan for my/our review and retention. I/We also agree to pay all of your reasonable costs and expenses, including reasonable attorney's fees, in the collection of my debt.

Optional Credit Insurance An appropriate application/disclosure will be furnished at the time Your credit is approved. Please check one or more of the boxes. I/We are **not** interested in Credit Life and/or Credit Disability Insurance. I/We **are** interested in the Credit Life and/or Credit Disability Insurance(s) checked below:

Credit Life Insurance Single Coverage Joint Coverage

Credit Disability Insurance Single Coverage Joint Coverage

Important Information About New Account Procedures

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 that means to 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.

Certification of Taxpayer Identification

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number and that I am NOT subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

X _____

Signature of Member Applicant _____ Date _____

X _____

Signature of Joint Applicant _____ Date _____

There is a \$10 Membership fee. Check out our website at www.baycities.org for a FREE Membership coupon.

OPEN THE FOLLOWING ACCOUNT(S) PAYDAY DISTRIBUTION

Share Savings (\$25 Minimum) \$ _____

_____ Checking (\$25 Minimum) _____

FOR CREDIT UNION USE ONLY

Affiliate Family Member ID Verified

Opened/Approved by: _____

Membership Verification: _____

Chexsystem Verification: _____ CR2 _____

Operator # _____ Date _____