



Your Information

First			Middle Initial			Last		
Social Security Number			School			Estimated Graduation Year		
Local Address			City/Town			City & State		Zip
Primary Phone			Alternate Phone			Email Address		
Date of Birth			Mother's Maiden Name			Are you a U.S. Citizen?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Your Account Please mark which accounts you would like below.

Savings and Checking

- Share Savings**
\$5 minimum balance.
\$ _____
- Crimson Essentials Checking**
 - No minimum balance.
 - Free with Direct Deposit or 10 Debit transactions per month.
 - \$10 in ATM surcharge refunds with 10 Debit transactions per month.
 - 1,500 bonus points on a new Platinum Rewards MasterCard®

Account Access

Your account also features:

- Free ATM/Debit MasterCard®
- Free Online Banking with BillPayer
- Free eStatements
- Free first order of checks

Credit Card

- Yes, I would like an Harvard FCU Platinum *Rewards* MasterCard® Credit Card
Annual Income²: _____
- I hereby certify that I have the ability to make the necessary monthly payments on this account.
(Minimum payment on a \$2,500 limit is \$75.00)

Permanent Address (if different from local address)

City/Town _____ Country _____

State _____ Zip _____ Length of Residency _____

1. The Annual Percentage Rate applicable to your account depends on your credit score and will be disclosed to you by the time you receive your card. Your rate is determined by adding a margin to the prime rate as published in the *Wall Street Journal* on the last Thursday of each billing cycle. 2. Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Annual Percentage Rate (APR) for Purchases:	11.99% - 18.00% ¹
Annual Percentage Rate (APR) for Balance Transfers:	3.99% for 12 billing cycles following account opening.
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 if you pay your entire balance by the due date each month.	
Annual Fee:	None
Late Payment Fee:	\$10.00 or 10% of the outstanding balance, whichever is less.
Return Check Fee:	\$4.50
Emergency Replacement Card Fee:	\$50.00
Foreign Transaction Fee:	1% of each transaction in US dollars.

Certification of Taxpayer Identification number (T.I.N.)

If a tax ID number was provided, under penalties of perjury, I certify: 1. That the number shown on this form is my correct T.I.N. and or 2. That I am not subject to backup withholding either because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. That I am a U.S. person (including resident alien). NOTE: Strike out (2) above if signer has been notified that signer is subject to backup withholding due to underreporting of interest and dividends. Strike out (3) above and complete a W-8BEN if signer is not a U.S. Person.

Debit and Credit Card Authorization

By signing below I hereby certify that I am applying for the Harvard FCU Debit or Credit card as indicated by the attached application. I understand that the Debit card is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Harvard Federal Credit Union checking account only.

The Harvard Federal Credit Union Debit card is available for qualified members only. Other requirements apply. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

I hereby certify that I am eligible for membership to join Harvard Federal Credit Union and will abide by all rules and regulations as outlined in the bylaws.

By signing below I hereby certify the answers provided by me are to the best of my knowledge and belief, true, correct and complete. The statements herein are made for the purpose of obtaining the loan, and are true.

I hereby authorize the Credit Union, or any credit bureau or other investigative agency employed by the Credit Union to investigate any references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility, and to answer questions about my credit history (including the use of national risk models).

All loan applications will be judged upon our fair evaluation of the individual applicant's credit history, steady employment or other source of income and ability to repay the loan amount without regard to sex or marital status. All applications become the property of the Credit Union and will not be returned whether or not the loan is approved.

Account #					
	Initials	Appl.	Date		
Account					
Debit Card					
Checks					
Credit Card					
Audit					
Approving LO					
Approved Credit Limit					
Loan Log #:					
Student Loan	Yes	No	W/8 Received	Yes	No
ID Type 1					Exp. Date
ID 1 #					
ID Type 2					Exp. Date
ID 2 #					
eFunds #					