

# VISA Credit Card Application Addendum

## CREDIT CARD APPLICANT(S)

APPLICANT NAME (Last - First - Initial)	SSN	ACCOUNT NUMBER	DATE
OTHER NAME (Last - First - Initial)	SSN	CARD NUMBER (CU USE)	APP ID (CU USE)

## HOPE VISA PLATINUM REWARDS OPTION

### ENROLL

I want to enroll in the HOPE VISA Platinum Rewards Program. I understand that I will not be charged a fee to enroll and that I will not be charged going forward any service fees for participating. I have the right to cancel at any time.

### DECLINE

I do not want to enroll in the HOPE VISA Platinum Rewards Program.

### AUTHORIZATION

If there are multiple owners on the Credit Card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the Rewards Program.

**By signing below, you agree to the terms of the VISA Platinum Rewards Program.** If you selected "Enroll", you authorize Hope Credit Union to accept transactions that qualify for rewards points. You understand that you will not be charged any fees for being enrolled in the Rewards Program. If you select to "Decline", you will not receive reward points on any transactions. You further understand that this will not go into effect or be removed, based on your selection above, until Hope Credit Union receives this consent document from you.

Applicant's Signature

Date

Other Signature

Date

## BALANCE TRANSFER OPTION

ACCOUNT NUMBER	PAYEE AND PAYEE ADDRESS (Street, City, State, Zip)	AMT TO BE TRANSFERRED \$
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### TERMS AND CONDITIONS

To transfer the balance from other credit cards, complete all information above to avoid a delay in processing. It may take 2 to 4 weeks to process your request. Therefore, you will still need to make payments on your accounts to keep them current until your request is completed. If the account is paid in full from the transfer, you are still responsible for closing the other account. The total amount of transfer requests cannot exceed your credit line. Hope Federal Credit Union (herein after referred to as "HOPE" or "Hope Credit Union") will send either full or partial payment to the creditors in the order listed above. HOPE reserves the right to decline to process any balance transfer request.

**By signing below, I authorize Hope Credit Union to transfer on my behalf each balance or portion of balance I have designated.**

Applicant's Signature

Date

Other Signature

Date

REFERENCE	
NAME	
RELATIONSHIP	
PHONE NUMBER	
PRESENT ADDRESS (Street, City, State, Zip)	
REFERENCE	
NAME	
RELATIONSHIP	
PHONE NUMBER	
PRESENT ADDRESS (Street, City, State, Zip)	

REFERENCE	
NAME	
RELATIONSHIP	
PHONE NUMBER	
PRESENT ADDRESS (Street, City, State, Zip)	
You promise that everything you have stated in this application addendum is correct and that you have consent from the references listed to allow HOPE Credit Union to contact them. If there are any important changes you will notify us in writing immediately.	
<input type="text" value="X"/>	
Applicant's Signature	Date
<input type="text" value="X"/>	
Other Signature	Date