

**Convenient Purchasing  
Power When You Decide  
the Time is Right!**

How we will calculate your balance: we use a method called “average daily balance (including new purchases).” See your account agreement for more details.

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 this means to you: When you open an account, we will ask for your name, address, date of birth, and identification number, such as social security number and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents. The information is being requested and observed is for compliance with the requirements of Section 326 of the USA PATRIOT Act related to implementing customer identification and certification requirements.

**Branches**

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2736 Nall St, Port Neches, TX  
409-727-1446

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524 Hwy 69, Nederland, TX  
409-722-9133

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4837 Hwy 87, Bridge City, TX  
409-735-8777

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5401 N. 16th Street, Orange, TX  
409-883-5506

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94 N LHS Drive, Lumberton, TX  
409-751-4425

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**Toll-Free Number**  
1-800-846-1751

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**Lobby Hours**

Monday-Thursday 8:30am – 5:00pm  
Friday 8:30am – 6:00pm

**Drive - Thru Hours**

Monday-Thursday 7:00am – 5:00pm  
Friday 7:00am – 6:00pm  
Saturday 9:00 am – 12 noon

If a holiday falls on a Friday, we will be open until 6pm on the last working day of the week. If a holiday falls on a Friday, all drive thru locations will be closed on Saturday as well.



MCT Credit Union

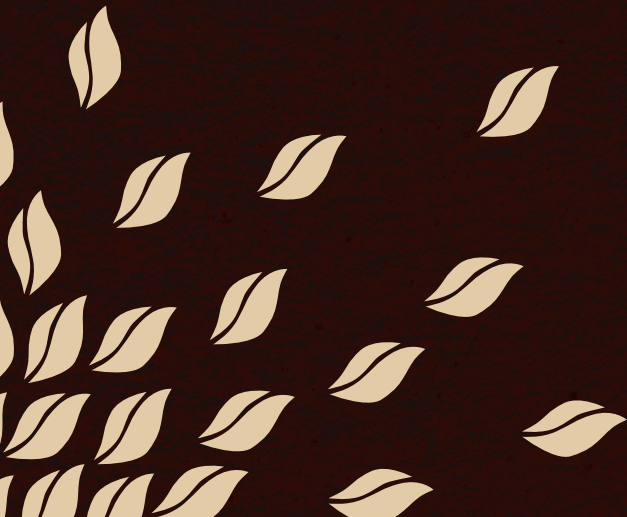
**Credit  
Card  
Application**

[www.mctcu.org](http://www.mctcu.org)



**MCT**  
Credit Union

**Never stop growing.**



Return completed and signed application, along with proof of income, to one of our locations listed in this brochure.

### Important Disclosure Information

Annual Percentage Rate (APR) for Purchases	If intro APR applies: <b>3.90%</b> introductory for 6 months* After that, your APR will be <b>8.50% - 17.99%**</b> Variable
APR for Balance Transfers and Cash Advance	If intro APR applies: <b>3.90%</b> introductory APR for 6 months* After that, your APR will be <b>8.50% - 17.99%**</b> Variable
Paying Interest	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. We will begin charging interest for cash advances and balance transfers on the transaction date.
Minimum Finance Charge	<b>None</b>
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 at: <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>
Annual Fee	<b>None</b>
<b>Transaction Fees</b> • Balance Transfer • Cash Advance • Foreign Transaction	• <b>None</b> • <b>None</b> • <b>1%</b> of each transaction in U.S. dollars
<b>Penalty Fees</b> • Late Payment  • Over-the-Credit Limit • Returned Payment	• <b>The greater of 5%</b> of the payment due or <b>\$25</b> • <b>None</b>  • <b>\$20</b>

\*Introductory APR applicable until the first day of the billing cycle that includes the six month anniversary date of the opening of your account. \*\*Your exact rate is based on your credit worthiness. Ask a loan officer about the rate you qualify for. The periodic rate used to compute the FINANCIAL CHARGE is based on an index (the "index"), which is the highest Prime Rate as published in the Money Rates section of The Wall Street Journal on the last day of the month and is subject to change monthly. The information about the costs of the Card described in this application is accurate as of January 2010. This information may change after that date. To find out what may have changed, call 1-800-846-1751 or write to MCT Credit Union at PO Box 279, Port Neches TX 77651-0279.

### Please print all of the requested information below in ink.

We wish to apply for:  MasterCard Gold  Individual Account  MasterCard Platinum  Joint Account

Credit Limit Request: \_\_\_\_\_ Member Number: \_\_\_\_\_

Check coverages desired. The Credit Union will disclose the cost of this voluntary insurance to you. A separate insurance election, which discloses the terms and conditions, must be signed for coverage to become effective.

Single Credit Life  Joint Credit Life  Credit Disability

<b>Applicant:</b> Last Name	First Name	Initial	Social Security Number	Birth Date
Present Street Address	City	State	Zip Code	How long here?
Driver License No.	Home Phone	Present Employer & Position		Work Phone
Employer Address	How long here?	Gross Monthly Income	Other Income	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				

<b>Co-Applicant:</b> Last Name	First Name	Initial	Social Security Number	Birth Date
Present Street Address	City	State	Zip Code	How long here?
Driver License No.	Home Phone	Present Employer & Position		Work Phone
Employer Address	How long here?	Gross Monthly Income	Other Income	

CREDIT INFORMATION	Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Monthly Rent or Mortgage Payment			
	Name of Relative at Different Address	Address	City	State Zip Code Phone

AUTH. USER	Additional Card Requested for (Full Name)		Social Security Number	Birth Date

BALANCE TRANSFER	1. Card Issuer		Address	Account Number	Amount
	2. Card Issuer		Address	Account Number	Amount

By signing, I authorize MCT CU to transfer the amount shown and in order indicated to my MCT credit card. I understand this will be treated as a cash advance and will accrue interest from the date of the transaction posting. If the payoff transaction brings your credit card balance to zero and you wish to close the account(s), please contact the issuing institution. You are responsible for keeping your other credit card accounts current until MCT disburses the requested payoff(s). Please allow up to 3 weeks for processing and mail time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Everything that you have stated in this application is true and correct to the best of your knowledge. MCT CU is authorized to check your credit, employment history and to ask questions about your experience with them. Credit card substitutions may be made at MCT CU's discretion. You acknowledge that you have read and understand the Fair Credit and Charge Card Disclosure provided in this brochure. You understand that by using the card or authorizing its use, you agree to the terms and conditions in the Credit Card Agreement that will accompany the card. A condition of your account is your granting us a security interest in your share accounts. By signing below, 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. Accounts that would lose special tax treatment under state or federal law if given as security are not subject to this security interest. When you are in default, we may apply the balance in these accounts to any amounts due under the credit card agreement.

Applicant's Signature	Joint Applicant's Signature	Date
<b>For Credit Union Use</b> <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Approved/Declined by: Reason for Denial:	Credit Card Limit: No. of Cards issued:
		Date: