Annual Percentage Rate (APR) for purchases, balance transfers, and cash advances	How to avoid paying interest on purchases	Method of computing the balance for purchases	Annual Fee	Minimum Finance Charge	Transaction Fee	Balance Transfer Fee	Late Payment Fee Over Limit Fee
9.90% No APR penalty	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest if you pay your entire balance by the due date each month.	We use a method called "Average Daily Balance" (Including new purchases.)	None	None	None	None	\$10 each

Over Limit Fee \$10/5 days.

Minimum Payment 5% / \$10.00.





Lobby: Mon. Tues. Wed. Thurs. Fri. 8:30 Fax: 712-307-6883

a.m.—4:00 p.m.

Email: cuservices@towncountrycu.com

www.towncountrycu.com





Lobby: Mon. Tues. Thurs. Fri. 8:30 a.m.

1414 Chatburn Ave Harlan, IA 51537

Phone: 712-755-3881

Fax: 712-755-5536

Hours of Operation—Harlan Branch

Drive-up: Mon. Tues. Thurs. Fri. 7:30

Lobby Wed: 9:00 a.m.—4:30 p.m.

—4:30 p.m.

Lobby Sat: Closed

Drive-up Wed: 9:00 a.m.—5:00 p.m.

a.m.—5:00 p.m.

Drive-up Sat: 8:30—Noon

Hours of Operation—Avoca Branch

102 N Elm St Avoca, IA 51521

Phone: 712-307-6881

This is to be □ Individual

Town & Country Credit Union Application for MasterCard



☐ Joint Account

APPLICANT	(Please Print,	Use Blue or	Black Ink Only)							
Last		First		Initial	SSN	SN		Date of Birth		
Street			City, State Z	City, State ZIP						
No. of dependents Home Phone including self:					Previous Ad	Previous Address				
Present Employer					How Long?	How Long? Employer's Address				
Position				Income Per Hour Employer Ph			one			
Previous Em				Previous Position Previous Employer Addre			SS			
CO-APPLICAN	JT (Complete	this section	only for a joint account	١						
CO-APPLICANT (Complete this section of Last			First		Initial	SSN			Date of Birth	
Street			I	City, State ZIP					How Long?	
No. of depe including se	No. of dependents Home Phone			Previous Ad	Previous Address			How Long?		
Present Employer				How Long?	How Long? Employer's Address					
Position					Income Per	Hour	Employer Phone			
Previous Employer					Previous Pos	ition	Previous Employer Address			
OTHER INCO	MF (Alimony	child sunno	rt or senarate maintena	ance income n	need not be revealed	if you do	o not want it cons	idered as a hasis	of renayment)	
Amount \$				iced flot be revealed	City, State					
Amount Source Name Address \$				City, State			ZIP			
CREDIT AND	FINANCIAL R	EFERENCE	S							
					Address	Address			City, State, ZIP	
Share Draft/Checking Acct. No Financial Institution Name				Address	Address Ci			City, State, ZIP		
Own Buyi	ng Rent	Mortga	ge Co or Landlord	Name	Value	Bal	alance Payment/F \$		ent	
Auto Loan Yes or No	Yr, Make,	Model	Financial Instituti	on Name		Bal	lance Payment \$			
List All Othe	r Outstandi	ing Financ	ial Obligations (loa	ns, charge	cards, mortgages	, conti	racts, etc.)			
	ddress	, ,	Acct. #		· I		ayment			
Is this your total obligation? Yes No If no, please attach a separate listing of additional debt.										
Have you ever filed for protection under bankruptcy? Yes No If yes, what month and year?										
APPLICANT										
PLEASE READ BEFORE SIGNING. This statement is submitted to obtain credit and I certify that all information herein is true and complete. I also authorize the Credit Union to conduct further investigation and obtain additional information concerning my credit reputation from all available sources from time to time. By using the card, applicant shall be deemed to have agreed to and accepted the terms and conditions of the Credit Card agreement, a copy of which will be mailed to applicant if this application is granted, receipt of such agreement and acceptance of such terms is conclusively by applicant's use of the card.										
Applicant Signature Date Co-Applicant Signature Da									Date	