

WESTconsin Business Platinum Visa

The WESTconsin Business Platinum Visa credit card eases the management of your business finances. This card is available to you with a Business Savings and/or Checking Account. Advantages of the WESTconsin Business Platinum Visa include:



- Competitive interest rate
- EMV chip card technology
- \$1,000 minimum credit line per control account
- \$1,000 minimum credit line per sub-account
- Free added security with Verified by Visa for online purchases
- Free, secure access to your credit card's account through WESTconsin Online
- No terminal surcharge when using your credit card at any WESTconsin ATM
- Other coverages available at no or minimal cost:
 - Auto rental collision damage waiver
 - Travel and emergency assistance service
 - Fraud early warning
 - Purchase security and extended protection
 - \$300 baggage benefit
 - \$250,000 common carrier policy
 - Roadside dispatch
 - Annual activity summary (requires a minimum of 99 debit transactions for the year)
 - Automatic payment options available



westconsin.org

Balance Transfers

On approval of your application, WESTconsin Credit Union can transfer the balance owed on your other credit card(s) to your WESTconsin Credit Union credit card, up to the maximum credit line approved on your WESTconsin Credit Union credit card. Please complete and sign the form below.

1

Account Number

Payee

Payment Street Address/PO Box

City

State ZIP Exact Amount to be paid/transferred:
 \$, .

2

Account Number

Payee

Payment Street Address/PO Box

City

State ZIP Exact Amount to be paid/transferred:
 \$, .

3

Account Number

Payee

Payment Street Address/PO Box

City

State ZIP Exact Amount to be paid/transferred:
 \$, .

I request and authorize WESTconsin Credit Union to advance my WESTconsin Platinum Visa or UW-River Falls Alumni Platinum Visa credit card line of credit, to pay off the balance owed on my credit card account(s) noted above. I understand the advance will be treated as a cash advance, subject to terms of agreement listed in the Visa credit card agreement. I understand that finance charges will be applied from the day the balance(s) are transferred to my WESTconsin Credit Union credit card account. I also understand that finance charges on my other credit card account(s) accrue until the balance owed is paid in full, that WESTconsin Credit Union's payment check may not reach my other credit card company(ies) in time to pay off my balance(s) completely before my next statement closing date(s), and that I remain responsible to pay any unpaid finance charge, late payment or other charges on my other credit card(s).

NAME (please print) _____ BUSINESS MEMBER # _____

SIGNATURE _____ DATE _____

Automatic Credit Card Payment Authorization Form

Save time, postage, and worry about missing a credit card payment with automatic payment. There is no charge for this service—just complete the authorization below.

I hereby authorize WESTconsin Credit Union to initiate and continue automatic withdrawals from my (designate one):

Member Name _____

Last four digits of your credit card _____

- WESTconsin Membership Savings (suffix 00)
- WESTconsin Checking

Account Number _____

I designate the above savings or checking account and the below checked payment box to make my credit card payment the 15th of each month:

- Minimum payment due
- Payment in full
- Fixed Amount \$ _____ or minimum payment amount when it is greater than the fixed payment amount.

I understand and agree to the following:

It will be my responsibility to make my credit card payment on my own until the credit card statement states "\$xx.xx will be deducted from your account and credited as your automatic payment on mm/dd/yy."

I must have sufficient funds in my account to make the designated payment (or minimum payment, whichever is greater). If there are not sufficient funds in my WESTconsin Credit Union account, a \$30.00 NSF fee will be withdrawn from any account that I am an owner of at WESTconsin Credit Union.

If insufficient fund payments continue to occur regularly, the credit union may terminate the automatic credit card payment feature.

I have the option to make additional payments on my own to the credit card account. By making additional payments, this will not stop the automatic payment from deducting on the payment due date.

If I wish to stop or skip any automatic payments to my credit card, I must make a written request or call WESTconsin Credit Union to terminate it prior to the due date.

Signature _____

Date _____

Teller/MSR Initials _____

Business Platinum Visa Credit Cards



WESTconsin
 CREDIT UNION
 We belong to you.™

Owner or Authorized Officer

Are you the owner or authorized officer who can borrow on behalf of this business? Yes No

Business Information Check here for an increase in your existing cards.

Legal Name of Business	Business Member Number
Business Phone Number	Business Tax ID Number
Business Street Address	
City	State and Zip
Legal Structure of Business	State of Legal Formation
Gross Annual Sales	Years in Business

Owner (1) or Authorized Officer (1) Information

Legal First, Middle, Last Name	
Name to appear on card	
Date of Birth	Social Security Number
Are you a U.S. Citizen or permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Maiden Name
Home Phone	Cell Phone
Street Address	
City	State and Zip
Total Household Income	Monthly Housing Payment
Source of Income	Occupation

Owner (2) or Authorized Officer (2) Information

Legal First, Middle, Last Name	
Name to appear on card	
Date of Birth	Social Security Number
Are you a U.S. Citizen or permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Maiden Name
Home Phone	Cell Phone
Street Address	
City	State and Zip
Total Household Income	Monthly Housing Payment
Source of Income	Occupation

Authorized Users to Receive Cards *Birth date and last four digits of Social Security Number used for account verification only.*

Name	Date of Birth	Last 4 SSN	Credit Limit
Name	Date of Birth	Last 4 SSN	Credit Limit
Name	Date of Birth	Last 4 SSN	Credit Limit
Name	Date of Birth	Last 4 SSN	Credit Limit
Name	Date of Birth	Last 4 SSN	Credit Limit
Name	Date of Birth	Last 4 SSN	Credit Limit

By submitting and Application, I acknowledge and agree on behalf of the Business entity and myself as the Owner/Authorized Officer:

- That all information provided in connection with this application is correct. That Section 1014, Title 18 U.S. Business Code, makes it a federal crime to knowingly make a false statement in this application;
- That WESTconsin Credit Union is authorized to verify the information provided in this application and to obtain additional information concerning my/our credit worthiness, credit history, financial responsibility and employment history through any credit bureau or by any lawful means;
- That this application does not constitute a contract for the extension of credit and that all credit extended to me/us if my/our application is approved will be subject to the WESTconsin Business Platinum Visa Credit Card Disclosure containing rules and regulations concerning my/our use of the WESTconsin Business Platinum Visa. A copy of the Disclosure will be furnished to me/us on the approval of this application;
- That the accounts will be used for business purposes only;
- That the Business entity and I/we, personally and in my/our individual capacity, will each be liable for all charges, fees and finance charges on all of the cards and accounts issued pursuant to this request or any future requests to all additional cards or accounts;
- That on behalf of the Business entity and myself/ourselves, I/we grant a security interest and contractual right of offset in and to all deposit accounts now or hereafter maintained by the Business entity and/or me/us with WESTconsin Credit Union to satisfy all liabilities incurred under the Business Card Agreement;
- That I/we understand and agree that no provision of a marital property agreement, a unilateral statement under s. 766.59 Wis. Stats., or a court decree under s. 766.70 Wis. Stats., will affect the interest of WESTconsin adversely, unless prior to the time credit is granted to the applicant(s). WESTconsin is furnished with a copy of the agreement, statement or decree, or WESTconsin has actual knowledge of the adverse provision. If I am married, a Wisconsin resident, and applying for Individual Credit, I understand and agree that credit applied for, if granted, will be incurred in the interest of my marriage or family. This statement is made in accordance with s. 766.55 (1), Wis. Stats.



SIGNATURE OF APPLICANT

Date _____

SIGNATURE OF JOINT APPLICANT (when applicable)

Date _____