

Let the Points  
add up!



uChoose  
Rewards



Combine your Visa  
Credit Card and Visa  
Debit Card points to  
increase your rewards!

Combining your UChoose points is easy.

If you have already registered your Debit Card, sign in as usual and click on "Preferences."

Go to the bottom of the page to "Link another Account."

Click "Learn How" and follow the prompts. All your Credit Card and Debit Card points will be combined.

Don't have a Debit Card? Go to [www.uchooserewards.com](http://www.uchooserewards.com) and click on "UChoose Rewards" to register. It's that simple!



SEABOARD  
FEDERAL CREDIT UNION

*The smart place for your money*

**Main Office**

177 Main Street  
P.O. Box G  
Bucksport, ME 04416  
207-469-6341  
Toll Free 800-639-2206  
PS24 469-7724 or 888-688-0077  
[www.seaboardfcu.com](http://www.seaboardfcu.com)

**Ellsworth Office**

200 Main Street  
P.O. Box 115  
Ellsworth, ME 04605  
207-667-8285

**Hermon Office**

2410 Route 2  
Hermon, ME 04402  
207-848-9995

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Penobscot, Waldo and  
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EQUAL OPPORTUNITY  
LENDER

Rev. 9/2023



VISA®  
CREDIT CARD  
APPLICATION



SEABOARD  
FEDERAL CREDIT UNION

*The smart place for your money*

[www.seaboardfcu.com](http://www.seaboardfcu.com)

## Apply for a Credit Card

To apply for a Seaboard FCU Visa® Credit Card, visit [www.seaboardfcu.com](http://www.seaboardfcu.com), call 800-639-2206, or stop by any of our office locations. After approval, your card is mailed within 10 business days.

- **Low fixed rate**
- **No annual fee**
- **Rewards points**
- Convenience to make purchases worldwide.
- Flexibility to make purchases in person, over the phone, or on the Internet. Plus obtain a cash advance when you need it.



## Layers of Protection

### Loan Protect

This optional coverage helps to protect your credit and reduce financial pressure in the event of death, disability, or involuntary unemployment.\*

*\*Exclusions apply. Ask for details.*

### 3-D Secure

3-D Secure offers additional fraud protection by analyzing the merchant's contextual data and then prompting consumers to verify their identity only on high risk transactions.

### Lost or Stolen Card Reporting

Enjoy peace of mind knowing that if your Visa card is ever lost or stolen, assistance is a phone call away. Please call 888-443-8663 for 24/7, 365 days a year assistance.



## Combine Extra Awards Points

- Earn (1) point for every \$2.00 each time you use your debit card and sign for your purchases.
- Earn (1) point for every \$1.00 each time you use your credit card.
- Plus, earn additional points by shopping at participating retailers in-store or online at [www.uchooserewards.com](http://www.uchooserewards.com).

**uChoose**  
**Rewards**



# Visa Credit Card Application

A table that includes the APRs and other required cost disclosures for credit card applications is on the reverse side of this application.

Check the appropriate box to indicate the type of credit for which you are applying.  Individual credit  Visa Classic  Joint credit  Visa Gold (Minimum limit \$5,000)

Debt Protection  Yes  No See below signature and disclosure  Credit limit increase Credit limit requested: \$ \_\_\_\_\_ Number of cards desired?  1  2

APPLICANT Name			Date of Birth	Mother's Maiden Name	
Street			Social Security Number	Driver's License Number and State	
City, State, Zip			Home Phone	Number of Dependents	Ages
Gross Annual Income \$	Net Monthly Pay \$	Email Address		Are you self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must provide 2 years of tax returns)	
Current Employer		Business Phone Number		Title/Rank/Grade	
Type of Business		Business Address			Start Date
Previous Employer		Previous Business Address		Title/Rank/Grade	Start Date/End Date
<input type="checkbox"/> CO-APPLICANT NAME CHECK ONE			<input type="checkbox"/> AUTHORIZED USER NAME		
Date of Birth			Mother's Maiden Name		
Street			Social Security Number	Driver's License Number and State	
City, State, Zip			Home Phone	Number of Dependents	Ages
Gross Annual Income \$	Net Monthly Pay \$	Email Address		Are you self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must provide 2 years of tax returns)	
Current Employer		Business Phone Number		Title/Rank/Grade	
Type of Business		Business Address			Start Date
Previous Employer		Previous Business Address		Title/Rank/Grade	Start Date/End Date

**LIST ALL DEBTS.** Attach other sheets if necessary. NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Debts	Owed to	Address	Account No.	Present Balance	Monthly Payments	Amount Past Due
Mortgage or Rent						
Child Support, Alimony or Maintenance						

## FINANCIAL REFERENCES

Share Draft or Checking Account Number / Amount	Name and address of depository	Phone
Savings Account Number / Amount	Name and address of depository	Phone

The credit union is relying on what you stated in this application, and you acknowledge that everything you have stated is true and correct and that you have provided a COMPLETE listing of all your debts and obligations. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you.

Applicant Signature <b>X</b>	Date	Co-Applicant Signature <b>X</b>	Date
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**This Contract is voluntary and not required to obtain credit. We will not consider whether or not You elect protection in making a credit decision.**

YOU ELECT THE FOLLOWING OPTION: (check only one box)	Life Disability & Unemployment		Life Disability		Disability		Life		No Protection
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	· Life · Disability · Involuntary Unemployment	· Life · Disability	· Life · Disability	· Disability	· Life				
<b>Program Fee: Cost per \$100 of the Monthly Outstanding Loan Balance*</b>	Single \$0.388	Joint \$0.599	Single \$0.261	Joint \$0.423	Single \$0.203	Joint \$0.284	Single \$0.090	Joint \$0.147	

For the Option elected above, You choose (check only one box):  Joint Protection  Single Protection for Borrower 1  Single Protection for Borrower 2

This Contract protects the Borrower(s) listed above who elected protection.

The protected Borrower(s) may not qualify for all benefits.

**NOTICES:** \*If the Outstanding Balance is greater than \$50,000, the rate will not be applied to the amount that exceeds \$50,000.

The Contract contains certain terms, conditions and exclusions. Subject to those terms, conditions and exclusions, You are eligible for protection under this Contract if You are a Borrower on the Loan on the Effective Date of Protection and meet the eligibility requirements below.

**ELIGIBILITY QUESTIONS:** If electing Disability or Involuntary Unemployment, You must answer Question 1.

1. Are You working twenty-five (25) hours or more per week? Borrower 1  Yes  No Borrower 2  Yes  No

If you answered "No" to Question 1, You are not eligible for Involuntary Unemployment protection. If at least one Borrower answered "Yes" to Question 1, both Borrowers are eligible for Disability.

We will give You additional information before You are required to pay for Seaboard FCU Payment Protection. This information will include a copy of the Contract containing the terms of Seaboard FCU Payment Protection. There are eligibility requirements, conditions and exclusions that could prevent You from receiving benefits under Seaboard FCU Payment Protection. You should carefully read the Contract for a full explanation of the terms of Seaboard FCU Payment Protection. You may terminate protection on Your account(s) at any time by providing Us with written notice at least five (5) business days prior to the requested termination date. If You do so within (30) days of purchasing protection, We will credit Your Outstanding Balance for any fees charged for the protected account(s).

**Your signature or authentication below means:** (a) that You meet the eligibility requirements show above; (b) that Your election above will remain in effect, according to the terms of the Contract, unless subsequently modified; (c) that You agree to the Contract; (d) that You agree to pay for and let Us add the Program Fee to Your Loan balance each month, and may be subject to finance charges like the rest of Your Outstanding Balance; (e) that the fee You are charged for this protection is subject to change; and (f) if the "No Protection" checkbox is marked or if no checkbox is marked in the Options section, You do not have protection.

Borrower 1 Signature <b>X</b>	Date	Borrower 2 Signature <b>X</b>	Date
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## INTEREST RATES AND INTEREST CHARGES

### Annual Percentage Rate (APR) for purchases

Credit Score	A	B	C	D
Visa Classic	12.9%	13.9%	14.9%	17.9%
Visa Gold	9.9%	10.9%	N/A	N/A

We will tell you in writing which rate applies upon approval of your application. Rate based on credit score.

### APR for Balance Transfers

Credit Score	A	B	C	D
Visa Classic	12.9%	13.9%	14.9%	17.9%
Visa Gold	9.9%	10.9%	N/A	N/A

### APR for Cash Advances

Credit Score	A	B	C	D
Visa Classic	12.9%	13.9%	14.9%	17.9%
Visa Gold	9.9%	10.9%	N/A	N/A

### Penalty APR and When It Applies

**18.00%** This APR may be applied to your account if you are 60 days late in making a payment.

**How Long Will the Penalty APR Apply?** If your APR is increased for this reason, the Penalty APR will apply until you make 6 consecutive minimum payments when due.

### Paying Interest

Your due date is 25 days after the close of each billing cycle. We will not charge interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.

### 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 <http://www.consumerfinance.gov/learnmore>

## FEES

### Transaction Fees

- Balance Transfer **2%** of the amount of each transfer. Maximum fee \$25.
- Foreign Transaction Fees **1%** of each transaction in U.S. dollars.

### Penalty Fees

- Late Payment **Up to \$25**

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)."

The information about the cost of the card described on this application was printed on September 22, 2023 and was accurate as of that date, but is subject to change after that date. You should call 888-443-8663 for any changes in the information about the cost of the card since the time of printing.

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.



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