

**NO BALANCE TRANSFER FEE!
TRANSFER BALANCES & SAVE!**

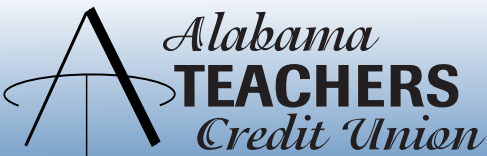
Simply complete this form below and start saving with our low rates!

YES! I (we) want to transfer the following balances(s) immediately & agree to receive account information later.

1. Credit Card Lender _____
Account # _____
Payment Address _____
City/State _____
Specific Amount to pay: \$ _____
(minimum \$100 per transfer)

2. Credit Card Lender _____
Account # _____
Payment Address _____
City/State _____
Specific Amount to pay: \$ _____
(minimum \$100 per transfer)

3. Credit Card Lender _____
Account # _____
Payment Address _____
City/State _____
Specific Amount to pay: \$ _____
(minimum \$100 per transfer)



Alabama Teachers Credit Union
Attn: Card Services
P.O. Box 1400
Gadsden, AL 35902-1400

From _____



Experience the Difference...

- NO ANNUAL FEE
- 25 DAY GRACE PERIOD
- BALANCE TRANSFER OPTION
- NO MINIMUM FINANCE CHARGE
- NO TRANSACTION FEE FOR PURCHASES
- AN EXCLUSIVE SCORECARD® BONUS POINTS REWARDS PROGRAM

VISA® PLATINUM
VISA® PLATINUM PLUS
VISA® PLATINUM PREMIER



I am applying for: REQUESTED LOC: _____

CREDIT CARD APPLICATION & LINE OF CREDIT AGREEMENT

APPROVED LOC: _____



- Visa Platinum
- Visa Platinum Plus
- Visa Platinum Premier
- Visa Synced Card (Guarantor may be required)
- Joint Account
- Individual Account
- Individual/ with Authorized User

Member Account#: _____

Credit Card # _____

APPLICANT'S FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

DATE OF BIRTH	GENDER	AREA CODE & HOME PHONE	AREA CODE & WORK PHONE	AREA CODE & CELL PHONE	MOTHER'S MAIDEN NAME
<input style="width: 100%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PRESENT STREET ADDRESS	CITY	STATE	ZIP	HOW LONG?	<input type="checkbox"/> OWN	AMOUNT
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> RENT	<input style="width: 100%;" type="text"/>

NAME AND ADDRESS OF EMPLOYER	JOB TITLE	HOW LONG EMPLOYED?
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

NAME AND ADDRESS OF CLOSEST RELATIVE NOT LIVING WITH YOU	STREET ADDRESS	CITY	STATE	ZIP	AREA CODE & HOME PHONE
<input style="width: 100%;" type="text"/>					<input style="width: 100%;" type="text"/>

*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.

GROSS MONTHLY SALARY	OTHER INCOME*	SOURCE OF OTHER INCOME	DRIVERS LICENSE NO. & STATE OF ISSUE	E-MAIL ADDRESS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Check box for designation of AUTHORIZED USER.

CO-APPLICANT'S FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

DATE OF BIRTH	GENDER	AREA CODE & HOME PHONE	AREA CODE & WORK PHONE	AREA CODE & CELL PHONE	MOTHER'S MAIDEN NAME
<input style="width: 100%;" type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PRESENT STREET ADDRESS	CITY	STATE	ZIP	HOW LONG?	<input type="checkbox"/> OWN	AMOUNT
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> RENT	<input style="width: 100%;" type="text"/>

NAME AND ADDRESS OF EMPLOYER	JOB TITLE	HOW LONG EMPLOYED?
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

NAME AND ADDRESS OF CLOSEST RELATIVE NOT LIVING WITH YOU	STREET ADDRESS	CITY	STATE	ZIP	AREA CODE & HOME PHONE
<input style="width: 100%;" type="text"/>					<input style="width: 100%;" type="text"/>

*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.

GROSS MONTHLY SALARY	OTHER INCOME*	SOURCE OF OTHER INCOME	DRIVERS LICENSE NO. & STATE OF ISSUE	E-MAIL ADDRESS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

HAVE YOU OR CO-APPLICANT EVER:

1. BEEN SUED FOR DEBTS?	2. INCOME LIKELY TO DECLINE IN THE NEXT 2 YR?	3. FILED BANKRUPTCY?
<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

ARE YOU OR CO-APPLICANT CURRENTLY A CO-MAKER? Y N

By signing below you hereby specifically agree to all terms of paragraph 13 within the VISA Credit Card Agreement including but not limited to your pledging all shares and/or deposits (including amounts in draft accounts) and payments and earning thereon which you now or hereafter may have with us, whether held jointly, individually, or in trust as security for any and all monies advanced or purchases made by the use of the card and any interest accrued thereon. Upon default you authorize us to take what you owe us out of any account (except Individual Retirement Accounts) you have with us. CAUTION- IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTACT BEFORE YOU SIGN IT.

APPLICANT SIGNATURE: _____	DATE _____	CO-APPLICANT SIGNATURE: _____	DATE _____
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By signing this application you are requesting Alabama Teachers Credit Union to issue a VISA. You authorize the Credit Union to make whatever credit inquires the Credit Union deems necessary to evaluate this application or in the course of review or collection of any credit extended in reliance on this application. You authorize and instruct any person or consumer reporting agency to compile and furnish to the Credit Union any information that they may have or obtained in response to such credit inquires and agree that such information shall remain the property of the Credit Union in all events. You also agree by signing this application to all terms and conditions of the attached VISA Agreement/Billing Rights and promise to repay according to the agreement any credit extended under such agreement. CAUTION- IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTACT BEFORE YOU SIGN IT.

APPLICANT SIGNATURE: _____	DATE _____	CO-APPLICANT SIGNATURE: _____	DATE _____
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CREDIT LIFE INSURANCE for the outstanding balance on your account is available to qualified members. The premium for this coverage (Single Credit Life \$0.070, Joint Credit Life \$0.112 per hundred dollars of your outstanding monthly balance) will be charged to your credit card account each month. Enrollment is open for cardholders under age 70. You will receive a group certificate of coverage from CUNA Mutual Insurance Society explaining all benefits and terms of the plan. This insurance is not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.

- I want credit life insurance.
- I do not want credit life insurance.

CREDIT DISABILITY INSURANCE for the outstanding balance on your account is available to qualified members. The premium for this coverage (single credit disability \$0.225 per hundred dollars of your outstanding monthly balance) will be charged to your credit card account each month. Enrollment is open for cardholders under age 66. You will receive a group certificate of coverage from CUNA Mutual Insurance Society explaining all benefits and terms of the plan. This insurance is not required to obtain credit, and will not be provided unless you sign and agree to pay the additional costs.

- I want credit disability insurance.
- I do not want credit disability insurance.

APPLICANT SIGNATURE: _____	DATE _____	APPLICANT SIGNATURE: _____	DATE _____
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CREDIT AMOUNTS

VISA® PLATINUM
\$100 TO \$2999

VISA® PLATINUM PLUS
\$3000 TO \$7499

VISA® PLATINUM PREMIER
\$7500 AND ABOVE

FOR YOUR REFERENCE

LOST/STOLEN CARD 24 HRS
1-800-910-4808

WEB ADDRESS
WWW.ATCU.COM

BRANCH HOURS
MONDAY, TUESDAY, THURSDAY, FRIDAY
9:00 A.M. — 4:45 P.M.
WEDNESDAY
9:00 A.M. — 1:00 P.M.



Interest Rates and Interest Charges		
Annual Percentage Rate (APR) for Purchases, Cash Advances and Balance Transfers	Platinum Premier	9.90%
	Visa Business	9.90%
	Share Secured	10.00%
	Platinum Plus	10.90%
	Platinum	11.90%
	Synced	1.00% introductory APR for at least six (6) months or until the member turns 19, whichever is later. After that, your APR will be 11.90%
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.	
Minimum Interest Charge	There is no minimum interest charge that will apply to your account.	
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard	

Fees	
Annual Fee	None, except for Visa Business annual fee of \$50
Transaction Fees	
<ul style="list-style-type: none"> • Balance Transfer • Cash Advance • Foreign Transaction 	<p>None</p> <p>None</p> <p>1% of each transaction in U.S. dollars</p>
Penalty Fees	
<ul style="list-style-type: none"> • Late Payment • Over-the-Credit Limit • Returned Payment • Lost Card Replacement 	<p>up to \$25</p> <p>None</p> <p>up to \$30</p> <p>\$10</p>
Other Fees	None

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

The information about the costs of the card(s) described in this disclosure is accurate as of 07/10. This information may have changed after that date. To find out what may have changed, write to us at:

Alabama Teachers Credit Union
P.O. Box 1400
Gadsden, AL 35902
Or call (256) 543-7040

VISA CREDIT CARD AGREEMENT

In this Agreement the word "you" and "your" mean each and all of those who apply for the Card or who signs this Agreement. "Card" means the VISA Credit Card and any duplicates and renews we issue. Everyone who receives, signs or uses a Card issued under this Agreement must be a member of this Credit Union. "Account" means your VISA Credit Card Line of Credit Account with us. "We", "us" and "ours" mean ALABAMA TEACHERS CREDIT UNION.

I. Responsibility. If we issue you a Card, you agree to repay all debts and the FINANCE CHARGE arising from the use of the Card and the Account. For example, you are responsible for charges made by yourself, your spouse and minor children. You also agree to be responsible for charges made by anyone else to whom you give the Card, and this responsibility continues until the Card is recovered. You cannot disclaim responsibility continues until the card is recovered. You cannot disclaim responsibility by notifying us, but we will close the Account for new transactions if you so request and if you return the Cards. Your obligation to pay the Account balance continues even though an agreement, divorce decree or other court judgment to which we are not a party may direct you or one of the other persons responsible to pay the Account. Any person using the Card is jointly responsible with you for charges he or she makes, but if that person signs the Card, he or she becomes a party to this Agreement and is also jointly responsible for all charges on the Account, including yours.

2. Lost Card Notification. If you believe the Card has been lost or stolen, you will immediately call us at 1 (800) 808-7230 or 1 (256) 543-7040 during regular business hours. After hours and on weekends and holidays call 1 (614) 248-4239.

3. Liability for Unauthorized Use. You may be liable for the unauthorized use that occurs after you notify the Credit Union, orally or in writing, of the loss, theft, or possible unauthorized use. In any case, your liability will not exceed \$50.00. For VISA Credit Cards, you have no liability for unauthorized use unless you have been fraudulent or grossly negligent in handling the card or account. We may require you to provide a written statement regarding claims of unauthorized transactions. These provisions for cardholder's liability do not apply to transactions on Visa Commercial cards, Visa, Plus[®] ATM transactions or other electronic transfers. You will have no liability for unauthorized use if you comply with each of the following: you demonstrate you have exercised reasonable care with the Card; you have not reported two or more incidents of unauthorized use on your account within the preceding twelve months; and your account is in good standing. If you do not meet all of these conditions, your liability for unauthorized use is a maximum of \$50.00. The term "unauthorized" use does not include losses that occur due to any of the following conditions: use of the Card from which you receive a benefit or use of the Card by a person with actual, implied, or apparent authority. These limits of liability may be exceeded to the extent allowed under applicable law, if we determine that you handled the account in a fraudulent or grossly negligent manner. These rules do not apply to Maestro, Cirrus Card, or ATM transactions or other electronic transfers.

4. Credit Line. If we approve your application, we will establish a self-replenishing Line of Credit for you and notify you of its amount when we issue the Card. You agree not to let the Account balance exceed this approved Credit Line. Each payment you make on the Account will restore your Credit Line by the amount of the payment which is applied to the principal. You may request an increase in your Credit Line only by written application to us, which must be approved by our credit committee or loan officer. We may, at any time and for any reason not prohibited by law, reduce your Credit Line from time to time, refuse to make an advance or revoke your Card and terminate this Agreement. Good cause includes your failure to comply with this Agreement or our adverse reevaluation of your credit worthiness. You may also terminate this Agreement at any time, but termination by either you or us does not affect your obligation to pay the Account balance. The Card remains our property, and you must recover and surrender to us all Cards upon our request and upon termination of this Agreement.

5. Credit Information. You authorize us to investigate your credit standing when opening, renewing or reviewing your Account, and you authorize us to disclose information regarding your Account to credit bureaus and other creditors who inquire of us about your credit standing, to the extent authorized in our By-Laws.

6. Payments. Each month you must pay at least the minimum payment shown on your statement by the date specified on the statement or no later than 25 days from the statement closing date, whichever is later. If your statement says the payment is "Now Due": your payment is due no later than 25 days from the statement closing date. You may pay more frequently, pay more than the minimum payment or pay the Total New Balance in full. If you make extra or larger payments, you are still required to make at least the minimum payment each month your Account has a balance (other than a credit balance). The minimum payment is 1.5% of your Total New Balance or \$10.00, whichever is greater, not to exceed your Total New Balance, plus the amount of any prior minimum payments that you have not made, and any amount you are over the credit limit. The Credit Union also has the right to demand immediate payment of any amount by which you are over your credit limit. Subject to applicable law, your payments may be applied to what you owe the Credit Union in any manner the Credit Union chooses. If a payment is ever late 15 days or more, you agree to pay us a late charge equal to the lesser of the minimum payment due or \$25.

7. Finance Charges. You have a 25-day grace (no finance charge) period on your purchase balance and for new purchases if you paid the Total New Balance for purchases on your last statement by the end of the grace period. You also have a 25-day grace period for new purchases if you did not have a purchase balance on your last statement. The grace period starts on the statement closing date. If you do not pay the Total New Balance for purchases by the end of the grace period, finance charge will be imposed on the unpaid purchase balance from the first day of the next billing cycle and on new purchases from the date they are posted to your Account. A finance charge begins to accrue on balance transfers and cash advances from the date you get the balance transfer or cash advance or from the first day of the billing cycle in which the balance transfer or cash advance is posted to your account, whichever is later. For the Visa Platinum Card, the FINANCE CHARGE is calculated by multiplying the average daily balances by a monthly periodic rate of 1.075% which is an ANNUAL PERCENTAGE RATE of 11.9%. For the Visa Platinum Plus Card, the FINANCE CHARGE is calculated by multiplying the average daily balances by a monthly periodic rate of 0.9083 which is an ANNUAL PERCENTAGE RATE of 10.9%. For the Visa Platinum Share Secured Card, the FINANCE CHARGE is calculated by multiplying the average daily balances by a monthly periodic rate of 0.8333 which is an ANNUAL PERCENTAGE RATE of 10.0%. For the Visa Platinum Premier and Visa Business Cards, the FINANCE CHARGE is calculated by multiplying the average daily balances by a monthly periodic rate of 0.8250 which is an ANNUAL PERCENTAGE RATE of 9.9%. For the Visa Platinum Synced, the FINANCE CHARGE is calculated by multiplying the average daily balances by a monthly periodic rate of 0.8333 which is an ANNUAL PERCENTAGE RATE of 1.00% Separate average daily balances are calculated for purchases and cash advances. To get the average daily balance for each, the daily balances for purchases and the daily balance for cash advances for the billing cycle are added and the totals are divided by the number of days in the cycle. To get the average daily balance for cash advances, new cash advances are added to the day's beginning balance and payments and credits are subtracted; however, new purchases are not added if you paid the Total New Balance for purchases on your last statement by the end of the grace period or if you did not have a purchase balance on your last statement. Fees are not included in the calculation of the average daily balance. Finance Charges will continue to accrue on your Account until what you owe under this Agreement is paid in full.

8. Default. You will be in default if you fail to make any Minimum Payment or other required payment by the date that it is due. You will also be in default if (a) your ability to repay us is materially reduced by a change in your employment, an increase in your obligations, bankruptcy or insolvency proceedings involving you, your death or your failure to abide by this Agreement, (b) you break any promise you have made to us under this Agreement or any other agreement you have with us, (c) any statement you have made in this Agreement, in connection with this Agreement, in connection with this Agreement or in connection with any other agreement you may have with us is not true, or (d) we should otherwise feel insecure in receiving payment of the Account Balance for whatever reason. If you are default, we have the right to demand payment of your full Account Balance at once without notice to you. If immediate payment is demanded, you agree to continue paying FINANCE CHARGE, at the periodic rate charged before default, until what you owe has been paid, and any security given for your Account may be applied towards what you owe. In the event of a default, you agree to pay all costs of collecting the amount you owe under this Agreement including, if the unpaid balance under this plan is greater than Three Hundred Dollars (\$300.00) at the time of collection, reasonable attorney's fees if the debt is referred for collection to an attorney who is not our employee and if suit is filed, court costs.

9. Using the card. You may use the card issued to you to make purchases in person, and by mail, telephone Or computer from merchants and others who accept VISA cards. In addition, you may obtain cash advances from us, from other financial institutions participating in the VISA program and from automated teller machines (ATMs), which provide access to the VISA system. (Not all ATMs provide such access.) You will need your Personal Identification Number (PIN) to obtain a cash advance from an ATM. The monthly statement will identify the

merchant, electronic terminal or financial institution at which transactions were made, but sales, cash advance, credit or other slips cannot be returned with the statement. You will retain the copy of such slips furnished at the time of the transaction in order to verify the monthly statement. We may make a reasonable charge for photocopies of slips you request. You will only use the card for transactions that are legal where you reside. For example, internet gambling transactions may be illegal in your state. We will not be liable if you engage in an illegal transaction.

10. Returns and Adjustments. Merchants and others who honor the Card may give credit for returns or adjustments, and they will do so by sending us a credit slip which we will post to your Account. If your credits and payments exceed what you owe us, we will hold and apply this credit balance against future purchases and cash advances, or of its \$1 or more, refund it on your written request or automatically after 6 months.

11. Foreign Transactions. Purchases and cash advances made in foreign currencies will be billed to you in U.S. Dollars. For VISA cards, the conversion rate to dollars will be determined in accordance with The operating regulations established by Visa USA. Currently the currency conversion rate used to determine the transaction amount in U.S. dollars is either (i) the wholesale market rate or (ii) the government-mandated rate, whichever is applicable, in effect one day prior to the processing date, increased one-percent. The currency conversion rate used on the processing date may differ from the rate that would have been used on the purchase date or cardholder statement posting date. We may implement a dollar limit or a number of transactions per day limit for foreign transactions. We may also not approve any foreign transactions. We are prohibited by U.S. law to disallow transactions made in or involving certain countries. You should contact us before attempting any foreign transactions.

12. Plan Merchant Disputes. We are not responsible for the refusal of any plan merchant or financial institution to honor your Card. We are subject to claims and defenses (other than tort claims) arising out of goods or services you purchase with the Card only if you have made a good faith attempt, but have been unable to obtain satisfaction from the plan merchant and: (a) your purchase was made in response to an advertisement we sent or participated in sending you, or (b) your purchase cost more than \$50 and was made in your state or within 100 miles of your home. Any other disputes you must resolve directly with your plan merchant.

13. Security Interest. To secure your Account, you grant us a purchase money security plan under the Uniform Commercial Code in any goods you purchase through the use of the Card. If you default, we will have the right to recover any of these goods which have not been paid for through our application of your payments. You pledge all shares and/or deposits (including amounts in draft accounts) an payments and earnings thereon which you now or hereafter may have with us, whether held jointly, individually or in trust, as security for any and all monies advanced or purchases made by use of the card and any interest accrued thereon. Upon default you authorize us to take what you owe us out of any such account (except Individual Retirement Accounts) you have with us.

14. Effect of Agreement. This Agreement is the contract which applies to all transactions on your Account even though the sales, cash advance, credit or other slips you sign or receive may contain different terms. We may amend this Agreement from time to time by sending you any advance written notice required by law. Any amendment of this Agreement will take effect on the day it is mailed unless advance notice is required by law. Your use of the Card thereafter will indicate your agreement to the amendments. To the extent the law permits, and we indicate in our notice, amendments will apply to your existing Account balance as well as future transactions.

15. Statements and Notices. Statements and notices will be mailed to you at the most recent address you have given the Credit Union. Notice sent to anyone you will be considered to all of you.

16. Delay in Enforcement. No delay in enforcement of our rights under this Agreement will result in any loss of our rights or relieve you of any of your obligations.

17. Invalidity of Provisions and Captions. If any provision of this Agreement is deemed invalid the rest of this Agreement will remain in full force and effect.

18. Governing Law. The terms and conditions of this Agreement are governed by and construed in accordance with the laws of the State of Alabama and any applicable Federal Law.

19. Copy Received. By signing the attached application you acknowledge receipt of a copy of this Agreement and Billing Rights Statement which should be torn off the application at the perforation and kept.

20. Transactions After Your Account is Closed. When Your Account is closed, you must contact anyone authorized to charge transactions to your account, such as insurance companies, health clubs, internet providers, utilities and others. These transactions may continue to be charged to your account until you change the billing with these companies, at our election. Also, if we believe you have authorized a transaction or are attempting to use your account after you have requested to close the account, we may allow the transaction to be charged to your account.

YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE.

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act. Notify us in Case of Errors about Your Loan Account Statement. If you think your statement is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet at the address listed on your statement. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information: Your name and account number. The dollar amount of the suspected error. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

If you have authorized us to pay your loan account automatically from your savings or share draft account, you can stop the payment on any amount you think is wrong. To stop the payment your letter must reach us three business days before the automatic payment is scheduled to occur. Your Rights and Our Responsibilities After We Receive Your Written Notice. We must acknowledge your letter within 30 days, unless we have corrected the error. Within 90 days, we must either correct the error or explain why we believe the statement was correct. After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to send statements to you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay any parts of your statement that are not in question. If we find that we made a mistake on your statement, you do not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date it is due. If you fail to pay the amount that we think you owe, we may report you as delinquent. However, of our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your statement. And, we must tell you of anyone we reported you to. We must tell anyone we reported you to that the matter has been settled when if it we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your statement was correct.

Special Rules for Credit Card Purchases

If you have a problem with the quality of property or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right: a) You must have made the purchase in your home state or, if not within your state, within 100 miles of your current mailing address; and b) The purchase price must have been more than \$50. These limitations do not apply if the credit card issuer owns or operates the merchant, or mailed you the advertisement for property or services.

KEEP THIS PORTION FOR YOUR RECORDS.