

VISA® Gold Credit Card Application



No Annual Fee
Affordable Interest Rates
Additional Benefits and Insurance

VISA® Credit Card Terms & Conditions

The information quoted is accurate as of May 1, 2011. The information may have changed after that date. To determine the latest Bay Federal VISA® Credit Card information, write to us at Bay Federal Credit Union, 3333 Clares Street, Capitola, CA 95010 or call us at 831.479.6000 or toll-free at 888.4BAYFED, option 3.

INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases, Balance Transfers and Cash Advances	9.99% This APR will vary with the market based on the Prime Rate.
How to avoid paying Interest	Your due date is at least 21 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 you interest on Cash Advances and Balance Transfers on the transaction date.
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 Federal Reserve Board website at www.federalreserve.gov/creditcard .

FEES

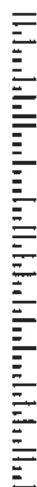
Annual Fee	None
Transaction Fees	
Cash Advance	Either \$2 or 2% of the amount of cash advance, whichever is greater.
International Transactions	1% of each foreign transaction, regardless of whether the transaction is in U.S. dollars or in a foreign currency.
Penalty Fees	
Late Payment	Up to \$35.00
Returned Payment	Up to \$25.00

How we will calculate your balance:

We use a method called "average daily balance (including new purchases)."

BAY FEDERAL CREDIT UNION
3333 CLARES ST
CAPITOLA, CA 95010-9913

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 19 CAPITOLA, CA
POSTAGE WILL BE PAID BY ADDRESSEE



NO POSTAGE
NECESSARY IF
MAILED IN
THE UNITED
STATES



Bay Federal
CREDIT UNION
Making a real difference

Bay Federal
CREDIT UNION
Making a real difference

Get the Convenience You Deserve

with a Bay Federal VISA® Gold Credit Card

Bay Federal Credit Union is committed to providing you the best in financial services. Our VISA® Gold Credit Card offers a great interest rate, and additional benefits just for your lifestyle.



Enjoy having the purchasing power and versatility of VISA® at your fingertips. It is widely accepted around the world at merchants displaying the VISA® logo. Plus, it's great to have on hand for emergencies.

Whether you choose to make your purchases in person, by phone, or online, make Bay Federal's VISA® your credit card of choice.

Apply Today!

Get all the credit you deserve with the advantages of a Bay Federal VISA® Gold Credit Card. Complete the attached application and return it to Bay Federal today.

Required Documentation

All new credit cards will require valid photo identification. **Income documentation may be required.** We may ask for additional information if needed.

For questions, call us at 831.479.6000 or toll-free at 888.4BAYFED, option 3.



Compare your Benefits

	VISA® Gold Plus	VISA® Gold	VISA® Classic
No Annual Fee	✓	✓	✓
Low Variable Interest Rates	✓	✓	✓
1% Annual Cash Rebate on All Purchases	✓		
Lost Luggage Reimbursement On luggage and contents lost by carrier when tickets are purchased with your card.	✓		
Purchase Security Protection Provides secondary coverage for theft, fire, and certain types of damage.	✓		
VISA® Assistance Center Helps coordinate medical and legal emergencies away from home.	✓	✓	
Warranty Manager Warranty registration, extended warranties and service agreements.	✓	✓	
Travel Accident Insurance Free coverage up to \$250,000.			✓
Travel Accident Insurance Free coverage up to \$400,000.	✓	✓	
Auto Rental Insurance Collision damage waiver on cars rented with your card.	✓	✓	✓
Travel and Emergency Assistance Planning, message service, ticket replacement and more.	✓	✓	

VISA® Gold Credit Card Application PLEASE USE PEN OR TYPE

PLEASE NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT- 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 for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PLEASE READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION AND CHECK APPROPRIATE BOX:

- If I am applying for an individual account in my own name and am relying on my own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, I will complete only the Applicant Section.
- If I am applying for a joint account or an account that I and another person will use, I will complete both Sections, providing information about the Co-Applicant. I/We intend to apply for joint credit. _____ Applicant _____ Co-Applicant
- If I am applying for an individual account but am relying on income from alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, I will complete both Sections, providing information about the other person, to the extent possible.

APPLICANT

Member Number		State-Issued Identification Type		ID Number
Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Mailing Address		City	State	Zip
How long at present address?		<input type="checkbox"/> Own <input type="checkbox"/> Rent		Payment Amount \$
Home Telephone		Date of Birth		Email Address
Social Security Number		Occupation		Your Monthly Income (before tax)* \$
Employer Name		Length of Employment Years Months		Other Income \$
Personal Reference	Relationship	Home Address		Work Telephone ()
Personal Reference	Relationship	Home Address		Telephone ()

CO-APPLICANT

Member Number		State-Issued Identification Type		Number
Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Mailing Address		City	State	Zip
How long at present address?		<input type="checkbox"/> Own <input type="checkbox"/> Rent		Payment Amount \$
Home Telephone		Date of Birth		Email Address
Social Security Number		Occupation		Your Monthly Income (before tax)* \$
Employer Name		Length of Employment Years Months		Other Income \$
Personal Reference	Relationship	Home Address		Work Telephone ()
Personal Reference	Relationship	Home Address		Telephone ()

*NOTE: Income from alimony, child support, or spouse support need not be stated unless you want Bay Federal Credit Union to consider it as additional income. By signing below, I certify that the information on this application and on any attachments, both written or printed, is true and correct and represents my current financial condition accurately. If there are important changes, I will notify Bay Federal in writing immediately. I understand that any false statements for the purpose of influencing in any way the action of any federally insured Credit Union on any loan application is a violation of Section 1014, Title 18, U.S. Code. I authorize you to gather whatever credit and employment information you consider necessary and appropriate. I agree to be bound by the Account Agreement (which will be mailed to me with my card) and to repay principal and interest thereon except that I will have no obligation if I return the card(s) unused after reviewing the Account Agreement. I understand that if I request a card(s) for an authorized user(s), I also agree that I will be responsible for all charges made by either of us and each of us. I also authorize you to give information concerning your credit experience with me to others. I understand that you will retain this application whether or not credit is approved. If this application is signed by more than one person, the words "I" and "my" shall mean all those who sign the application. BY SIGNING BELOW, I HEREBY VOLUNTARILY GRANT TO BAY FEDERAL CREDIT UNION A LIEN ON ANY AND ALL SHARES (EXCEPT IRA ACCOUNTS) NOW ON DEPOSIT WITH YOU OR IN THE FUTURE AND ANY DIVIDENDS DUE OR TO BECOME DUE (IN ANY ACCOUNT ON WHICH I AM AN OWNER) AND IF I AM IN DEFAULT UNDER MY CREDIT CARD ACCOUNT, I AUTHORIZE THE CREDIT UNION TO APPLY ALL SHARES (EXCEPT IRA ACCOUNTS) THEN ON DEPOSIT NEEDED BY THE CREDIT UNION TO REPAY MY CREDIT CARD BALANCE. I EXPRESSLY ACKNOWLEDGE AND AGREE THAT ENFORCEMENT OF THIS CONSENT MAY RESULT IN THE OFFSET OF GOVERNMENT BENEFITS (SUCH AS, FOR EXAMPLE, SOCIAL SECURITY AND OTHER PUBLIC BENEFITS) AND I EXPRESSLY CONSENT TO THE APPLICATION OF YOUR LIEN ON SHARES TO SUCH FUNDS.

Applicant's Initials _____ Co-Applicant's Initials _____
 Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____
 X _____ X _____

Please see reverse of brochure for important VISA® Card Terms and Conditions information.

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