

## CREDIT CARD SOLICITATION AND DISCLOSURE

IF YOU ARE APPLYING FOR A CREDIT CARD, THE FOLLOWING IS YOUR REQUIRED DISCLOSURE INFORMATION

Interest Rates and Interest Charges	
<b>ANNUAL PERCENTAGE RATE (APR) for Purchases</b>	_____ %
<b>ANNUAL PERCENTAGE RATE (APR) for Balance Transfers</b>	_____ %
<b>ANNUAL PERCENTAGE RATE (APR) for Cash Advances</b>	_____ %
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 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 interest on cash advances and balance transfers on the transaction date.
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	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 <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .

Fees	
<b>Annual Fee</b>	None
<b>Transaction Fees</b> • Foreign Transaction	Up to _____% of each multiple currency transaction in U.S. dollars. Up to _____% of each single currency transaction in U.S. Dollars.
<b>Penalty Fees</b> • Late Payment • Returned Payment	Up to \$ _____ Up to \$ _____

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

The information about the costs of the cards described in this application is accurate as of \_\_\_\_\_. This information may have changed after that date. To find out what may have changed, call us at (315) 672-7827, or write to us at Westar Federal Credit Union, 2565 Hambletonian Way, P. O. Box 60 Camillus, New York 13031-0060.

### Other Disclosures

Late Payment: \$ \_\_\_\_\_ or the amount of the required minimum payment, whichever is less.

Returned Payment Fee: \$ \_\_\_\_\_ or the amount of the required minimum payment, whichever is less.

Card Replacement Fee: \$ \_\_\_\_\_

Unofficial Copy of Statement Fee: \$ \_\_\_\_\_ per page

Official Copy of Statement Fee: \$ \_\_\_\_\_