

PLACE  
STAMP  
HERE

*You'll Feel Proud  
When You Carry  
Our Credit Card*



Titonka Savings Bank  
P.O. Box 309  
Titonka, IA 50480-0309



Building a successful financial plan takes the right resources. That's why we work hard to provide you with quality financial services and products; like our convenient, flexible Visa® Credit Card. They're accepted at thousands of locations worldwide for just about any type of purchase you can dream up. And, unlike those big out-of-town institutions, our card comes with the personal, friendly service you've come to expect from us. So, whatever your plans, choose the credit card that gives you all the value and buying power you need to get your projects off the drawing board.

*Apply for yours today!*

When you use the...



**Visa® Credit Card for the purchase of goods or services, the following benefits are yours!**

**TRAVEL ACCIDENT INSURANCE**

You, your spouse and dependent children up to age 19 (age 25 if a full-time student) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

**SCORECARD® CASHBACK**

Earn CashBack on every purchase made with a Titonka Savings Bank Credit Card! There is no enrollment necessary and your earnings are paid out annually. For more details about CashBack, see one of our friendly representatives.

Interest Rates and Interest Charges		Visa®
Annual Percentage Rate (APR) for Purchases	<b>11.40%</b> Variable-Rate determined by adding <b>7.90%</b> to the Prime Rate* Ceiling of <b>17.90%</b>	
APR for Balance Transfers	<b>11.40%</b> Variable-Rate determined by adding <b>7.90%</b> to the Prime Rate* Ceiling of <b>17.90%</b>	
APR for Cash Advances	<b>11.40%</b> Variable-Rate determined by adding <b>7.90%</b> to the Prime Rate* Ceiling of <b>17.90%</b>	
Penalty APR and When it Applies	N/A	
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 interest on purchases if you pay your entire balance by the due date (Grace Period) each month.	
Minimum Interest Charge	N/A	
Credit Card Tips from the Consumer Financial Protection Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Board at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a> .	
Fees		Visa®
Annual Fee	\$12.00	
Transaction Fees	•Balance Transfer: None •Cash Advances: None •Foreign Transaction: An assessment of 0.8% will be added to any foreign transaction. After a wholesale currency exchange rate is selected, an additional 0.2% will be added for transactions submitted in any currency other than U.S. dollars.	
Penalty Fees	•Late Payment: \$15.00 •Over-the-Credit-Limit: N/A - Your card will not be allowed to go over the credit limit established by TSB •Returned Payment: \$15.00	
Other Fees	•Minimum Monthly Payment: 3.0% or \$25.00 (whichever is greater)	

\*The prime rate used to determine your APR is the rate published in the Money Rates column of the Wall Street Journal on the first Tuesday of the prior month. **How We Will Calculate Your Balance:** We use a method called "average daily balance" (including new purchases). \*An explanation of this method is provided in your account agreement. **Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

CREDIT APPLICATION				Check Account Choice: (Signature required for joint application)		Individual Account Joint Account (see co-applicant and signature section) Credit Line Increase	
Credit Limit Requested \$ _____							
<small>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.</small>							
APPLICANT  Note: All applicable sections should be filled out completely to avoid delay in processing your application	Last Name		First		Middle		Social Security Number
	Date of Birth	No. of Dependents	Home Phone ( )	Cell Phone ( )	Own	Rent	Other
	Current Address		City	State	Zip Code	How Long (yrs)	
	Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)	
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)	
	Employer (Income Verification Required)			Self Employed Yes No	Work Phone ( )	Date Employed	
	Address						Monthly Gross Income \$
	Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness						Amount per Month \$
	Nearest Relative (Not Living With You)				Home Phone ( )		Relationship
CO-APPLICANT  Intended for joint application, this information is not required for an individual account	Last Name		First		Middle		Social Security Number
	Date of Birth	No. of Dependents	Home Phone ( )	Cell Phone ( )	Own	Rent	Other
	Current Address		City	State	Zip Code	How Long (yrs)	
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)	
	Employer (Income Verification Required)			Self Employed Yes No	Work Phone ( )	Date Employed	
	Address						Position/Occupation
CREDIT INFO  Attach Additional Sheets if Necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number	Balance	Monthly Payment
	1. Home Mortgage/Rent						
	2. Bank Credit Card/Bank Name and Address						
SIGNATURES	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, a receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.						
	X _____ X _____ Applicant Signature Date Applicant Signature Date						
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account. Credit Card Account Number _____ Amount to be transferred \$ _____ Signature _____						
	FOR INTERNAL USE ONLY			Date Ordered			
Date Approved		Credit Line	Approved By				

Titonka Savings Bank-PO Box 309-Titonka, IA 50480

MAIL IN SEPARATE ENVELOPE

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All contents are accurate at the time of printing, for changes that may have been made after printing please call (515) 928-2142