



## *The United Gold MasterCard*

### **MORE PRESTIGE, MORE PURCHASING POWER, MORE PREFERRED TREATMENT**

Wherever you go, Gold MasterCard will bring you instant recognition as a select individual of the highest credit standing who expects and deserves the finest in service and accommodations.

**Higher line of credit** ~ Your Gold MasterCard gives you a generous credit limit that can be tailored to your individual needs.

**Travel accident insurance** ~ With your Gold MasterCard Account, you automatically receive \$250,000 Common Carrier Travel Accident Insurance free when you use your card to charge fares for yourself and your family.

**Personalized Checks** ~ To enhance your purchasing power you may receive personalized checks *upon request*.

**Customer Service** – United’s Online Credit Card Service provides access to your credit card information 24/7. Monitor your account activity, view transactions, make payments online and much more!

**Pay Ahead Feature** – Payment in excess of the Minimum Monthly Payment may eliminate or reduce your minimum monthly payment. See cardholder agreement for more details.

**DID YOU KNOW YOUR UNITED CREDIT CARD COMES WITH AROUND-THE-CLOCK PROTECTION AGAINST FRAUD?** – Your card is protected by a fraud monitoring system that uses sophisticated technologies that seeks out and identifies suspicious card activity on your behalf.

*The wide variety of benefits provided by your card are more fully explained in the cardholder agreement and brochures that will arrive with your new card.*

### **IMPORTANT INFORMATION WHEN TRAVELING OUTSIDE THE UNITED STATES**

If you plan to travel outside the U.S., please contact a bankcard representative at 1.800.242.7600.  
For security reasons, some foreign countries may be blocked or have certain restrictions.

### **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 obtain, verify, and record information that identifies each person who opens an account or requests a loan. What this means for you: When you open an account or request a loan, 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. We may ask our established customers for identification and we will use this information to update our files.

## Your choice regarding over-the-credit limit coverage.

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage.

If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of 2% of your credit limit, with a maximum fee of \$10. You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.

Even when you request over-the-credit limit coverage, in some cases, we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit.

If you want over-the-limit coverage and want to allow us to authorize transactions that go over your credit limit, please:

- Call us at 1.800.242.7600
- Visit [www.bankwithunited.com](http://www.bankwithunited.com); or
- **Please check the appropriate box below**, and return the form to us at United BankCard Department, PO Box 1382, Parkersburg WV 26102-9901

**I want over-the-limit coverage.** I understand that if I go over my credit limit, I will be charged a fee of 2% of my credit limit, with a maximum fee of \$10. I understand I have the right to cancel this coverage at any time.

**I do not want over-the-limit coverage.** I understand that transactions that exceed my credit limit will not be authorized.

Printed Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*Apply for your United Gold MasterCard today!*

Present Account # (if applicable) # \_\_\_\_\_

\*Please complete application for these requests.

- \*New Account
- \*Please increase my credit limit to \$ \_\_\_\_\_.
- \*Please add co-applicant as shown on application.
- Name change from \_\_\_\_\_ to \_\_\_\_\_
- \*Other \_\_\_\_\_

APPLICANT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security# \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at this Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address (If different than Physical Address) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residence:  Own  Rent  With Parents Landlord/Mortgage Holder \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Employer \_\_\_\_\_ How Long Yrs: \_\_\_\_\_ Mo: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Your Position \_\_\_\_\_

Name of Nearest Relative Not Living with You \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address of Nearest Relative Not Living with You \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

CO-APPLICANT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security# \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at this Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address (If different than Physical Address) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residence:  Own  Rent  With Parents Landlord/Mortgage Holder \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Employer \_\_\_\_\_ How Long Yrs: \_\_\_\_\_ Mo: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Your Position \_\_\_\_\_

Name of Nearest Relative Not Living with You \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address of Nearest Relative Not Living with You \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

INCOME SECTION

<i>Applicant</i>	<i>Co-Applicant</i>
Gross Monthly Salary: _____	Gross Monthly Salary: _____
Social Security Income: _____	Social Security Income: _____
Retirement Income: _____	Retirement Income: _____
Other Income: _____ Source: _____	Other Income: _____ Source: _____
TOTAL INCOME: _____	TOTAL INCOME: _____

Alimony, child support, or separate maintenance income need not be revealed if applicant or co-applicant does not wish it considered as a source for repaying this obligation.

SIGNATURE

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. If the account is individual I hereby agree that if my Application is granted, the account opened in my name will be for my sole benefit and use and no other person will be permitted to use said account or card issued pursuant thereto.

**Applicant** Signature \_\_\_\_\_ (Seal) \_\_\_\_\_ Date \_\_\_\_\_

**Co-Applicant** Signature \_\_\_\_\_ (Seal) \_\_\_\_\_ Date \_\_\_\_\_

To apply, simply complete and mail pages 2 and 3 to United BankCard Department, PO Box 1382, Parkersburg, WV 26102-9901. If approved, your United Credit Card will be mailed to you in two to three weeks! **Be sure to call us at 1.800.242.7600 if you have any questions.**



# The United Gold MasterCard

INTEREST RATE AND FEE DISCLOSURES	
<b>Interest Rates and Interest Charges</b>	
<b>Annual Percentage Rate (APR) for Purchases</b>	<b>5.25%</b> This APR will vary with the market based on the prime rate.*
<b>APR for Balance Transfers</b>	<b>5.25%</b> This APR will vary with the market based on the prime rate.*
<b>APR for Cash Advances</b>	<b>5.25%</b> This APR will vary with the market based on the prime rate.*
<b>Penalty APR</b>	<b>None</b>
<b>Paying Interest</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 post date.
<b>Minimum Interest Charge</b>	There is no minimum interest charge.
<b>For Credit Card Tips from the Federal Reserve Board</b>	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a> .
<b>Fees</b>	
<b>Annual Fee</b>	<b>\$50.00 per year</b>
<b>Transaction Fees</b> • Balance Transfer • Cash Advance • Foreign Transaction	<b>None</b> Either <b>\$5</b> or <b>1 1/2%</b> of each cash advance, whichever is less <b>None</b>
<b>Penalty Fees</b> • Late Payment • Over-the-Credit Limit • Returned Payment	<b>5%</b> of the Minimum Monthly Payment, not to exceed <b>\$15.00</b> . Either <b>\$10</b> or <b>2%</b> of your credit limit, whichever is less <b>\$15</b>

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

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

**\*Variable rate information** – Your Annual Percentage Rate may vary. The rate will be determined by adding a margin of 2.00 percentage points to the Prime Rate published in The Wall Street Journal on the 1<sup>st</sup> day of the calendar quarter immediately preceding the start of that billing cycle.

**Card Replacement Fee** – 24 Hours **\$25.00**, 3-5 days **\$10.00**, 7-10 days **None**

**Research Fees** - **\$15.00** per hour, **\$3.00** per copy

**Retrieval Fee** - **\$25.00**

The information about the costs of the card described in this application is accurate as of July 2010. This information may have changed after that date. To find out what may have changed, write us at 514 Market Street, Parkersburg, WV 26101 or call us at 304.295.3461 or 1.800.242.7600. NEW HAMPSHIRE RESIDENTS: If you wish, we will remove your name from our marketing lists for future mailings. To have your name removed, write us at Credit Card Plan, P.O. Box 637, Bridgeport, Connecticut 06601-0637. OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. NEW YORK RESIDENTS: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon your request, we will inform you of the names and addresses of any consumer reporting agencies that have provided us with such reports. New York residents may contact the New York State Banking Department at 1.800.518.8866 to obtain a comparative listing of rates, fees, and grace periods. MARRIED WISCONSIN RESIDENTS: No agreement, court order, or individual statement applying to marital property will adversely affect our rights with respect to your credit card account, unless you provide us now with a copy of, or complete information about, the agreement, order, or statement or unless we have actual notice of it.