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PeoplesBank

Where Values Matter!

Visa Consumer Card Application

Peoples Bank continues to be the first choice for your financial services by providing products and services to meet the changing needs of our customers. Offering the convenience and buying power of a credit card, with local servicing from people you know and trust makes a new Visa card from Peoples Bank the right choice.

- LOW ANNUAL PERCENTAGE RATE
- NO ANNUAL FEE
- PAYMENTS ACCEPTED AT PEOPLES BANK
- WORLDWIDE RECOGNITION AND ACCEPTANCE at millions of Merchant Locations, Financial Institutions, and Automated Teller Machines
- CASH BACK REWARDS
0.5% Cash Back on all purchases

Simply complete the attached application and drop it in the mail, or for more information, please contact us at:

1230 Valley Drive
PO Box 158
Rock Valley, IA 51247
(712) 476-2746 office
(712) 476-2748 fax

PEOPLES BANK
PO Box 158
Rock Valley, IA 51247

CREDIT APPLICATION

Visa Classic

Check Account Choice
(Signature required for joint application)

- Individual Account
 Joint Account ____ Initial
 Credit Line Increase

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.

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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Monthly Payment \$
	Current Address		City		State	Zip Code	
	Mailing Address (if different from above)		City		State	Zip Code	
	Previous Address (if less than 2 years at present address)		City		State	Zip Code	
	Driver's License Number		Driver's License Issue State		Driver's License Expiration Date		
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed
	Employer Address				Position/Occupation		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 Information about a Co-Applicant 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Monthly Payment \$
	Current Address		City		State	Zip Code	
	Previous Address (if less than 2 years at present address)		City		State	Zip Code	
	Driver's License Number		Driver's License Issue State		Driver's License Expiration Date		
	Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed
	Employer Address				Position/Occupation		Monthly Gross Income \$
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 \$	
CREDIT INFO Other loans or obligations. Attach additional sheets if necessary	Name and Address of Creditor		Name Under Which Account is Carried		Account Number	Balance	Monthly Payment
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 all 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 me/us if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by my/our use. If this is a joint application, we each shall be jointly and severally liable for any and all credit extended from time to time. You may report information about my account to the credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.						
	X _____ Applicant Signature			Date		X _____ Co-Applicant Signature	
FOR INTERNAL USE ONLY	Visa Account No.					CIF#	
	Date Approved			Credit Line		Approved By	

Peoples Bank
VISA Classic
Summary of Terms

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases	16.25%
APR for Balance Transfers	16.25%
APR for Cash Advances	16.25%
Penalty APR	N/A
Paying Interest	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.
Minimum Interest Charge	None
For Credit Card Tips from the Consumer Financial Protection Bureau	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 http://www.consumerfinance.gov/learnmore

Fees

Annual Fee	None
Transaction Fees	Either \$3.00 or 3% of the amount of each balance transfer, whichever is greater Either \$3.00 or 3% of the amount of each cash advance, whichever is greater Up to 1% of each transaction in U.S. dollars
Penalty Fees	<ul style="list-style-type: none"> • Late Payment Up to \$20.00 • Over-the-Credit Limit None • Returned Payment Up to \$25.00
Other Fees	None

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.

Protections to Members of the Armed Forces and Their Dependents

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

Information contained herein is accurate as of March 2019 and is subject to change after that date. To inquire if any changes have occurred since printing, please call (712) 476-2746 or please write to: Peoples Bank, PO Box 158, Rock Valley, IA 51247.

