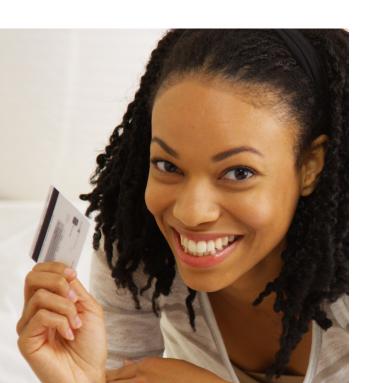
Share Secured MasterCard



By signing below, I pledge the below listed shares on deposit with PECU as security for my MasterCard account. I understand these deposits will not be available to me for use until the MasterCard account is satisfactorily closed. I authorize PECU to apply these shares to my MasterCard account if I am in default.

Amount Pledged (must equal credit card lin \$	nıt
Member Account Number	
Applicant Date	-
Joint Applicant Date	



PECU Hours and Locations

MAIN OFFICE

306 East 10th Street
P.O. Box 2205
Austin, Texas 78768-2205
Phone: 512-474-1955
Fax: 512-474-2731
E-mail: member@pecutx.org
Lobby Hours:
Monday thru Friday 9 am - 5 pm
Drive-Up Hours:
Monday thru Friday 7 am - 6 pm
Saturday 9 am - 1 pm

CENTRAL BRANCH

1200 West 42nd Street Austin, Texas 78756 Lobby Hours: Monday thru Friday 9 am - 6 pm Saturday 9 am - 1 pm Drive-Up Hours: Monday thru Friday 7 am - 6 pm Saturday 9 am - 1 pm

WALNUT CREEK BRANCH

Austin, Texas 78754
Lobby Hours:
Monday thru Friday 9 am - 6 pm
Drive-Up Hours:
Monday thru Friday 7 am - 6 pm
Saturday 9 am - 1 pm

OAK HILL BRANCH

5838 Highway 290 West Austin, Texas 78735 Drive-Up Facility Only Drive-Up Hours: Monday thru Friday 7 am - 6 pm Saturday 9 am - 1 pm

ROUND ROCK BRANCH

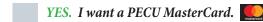
15800 RM 620 North (near intersection of 620 N & Cornerwood) Austin, Texas 78717 Lobby Hours: Monday thru Friday 9 am - 6 pm Saturday 9 am - 1 pm Drive-Up Hours: Monday thru Friday 7 am - 6 pm Saturday 9 am - 1 pm

BEAUMONT BRANCH

4215 Eastex Freeway, Beaumont, TX 77706
Phone: (409) 892-3171, Toll Free: (800) 772-1955
Fax: (409) 892-7763, Email: member@pecutx.org
Lobby Hours:
Monday thru Thursday 9 am - 5 pm
Friday 9 am - 6 pm
Drive-Up Hours:
Monday thru Friday 8am - 6 pm
Saturday 9 am - 12 pm

APPLICATION





YES. I want to increase my credit limit.

All MasterCard products are issued based on your credit information. If this is an application for joint credit, Applicant and Joint Applicant each agree that we intend to apply for joint credit (please sign below):

Joint Applicant:			
APPLICANT			
PECU Account Number:			
Last Name:			
First Name:			
Social Security Number:			
Driver's License Number:			
Date of Birth:			
Street Address:			
City:			
State:		Zip:	
Home Phone:			
E-Mail Address:			
Gross Monthly Income:			
Other Income: \$			
Monthly Housing Pmt.	\$		
Employer:			
Position:		Yrs. There:	
Work Phone:			
JOINT APPLICANT			
Last Name:			
First Name:	MI		
Social Security Number:			
Driver's License Number			
Employer:			
Position:			
Work Phone:			
Gross Monthly Income:			-
Other Income: \$			
	-		
Alimony, child support or se			
not wish to have it considered port or separate maintenance			
, Oral Understanding		ourt Oruci, W	ritten Agn
, orai onderstanding			

Von grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these or other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance. By signing this application or otherwise authenticating it, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods where you are a covered borrower under the Military Lending Act.

Authorization: I certify that I am at least 18 years of age, and that I have read and agree to all the terms, authorizations and disclosures contained on this form and that everything I have stated is true and correct. I authorize PECU to check my credit record and to verify my credit, employment and income references. I understand the Consensual Security Interest terms and that the use of any card issued in conjunction with this offer will constitute my acceptance of and will be subject to the terms and conditions of the Card Agreement. I agree to be responsible for all charges incurred according to the Card Agreement. I understand that the terms of my account are subject to change as provided in the Card Agreement.

Applicant Signature:	
Date:	
oint Applicant Signature: _	
Date:	

Would you like protection for you & your family if you become disabled, or in the event of death? Yes ___ No ___. An enrollment form will be sent to you that discloses the cost, terms & conditions. The form must be signed & received by PECU for coverage to become effective.

Balance Transfer

First Transfer	
Card Issuer: Account Number: Amount of Transfer:	
Payment Address:	
Second Transfer	
Card Issuer: Account Number: Amount of Transfer:	
Payment Address:	
Third Transfer	
Card Issuer: Account Number: Amount of Transfer: \$	
Payment Address:	

Balance Transfers From Other Accounts:

Balance transfers are contingent upon issuance of your account with us. Each transfer will reduce your available credit just like any other transaction. You will see a payment for the amount transferred on the statement from your other accounts. It may take up to four weeks to set up your new account with us and process the balance transfer(s), so you may still need to make payments to your other accounts to keep them current. In the event that your request(s) exceed the amount of your credit line, we will fulfill your requests in the numeric order as listed on your response. We may decline to process any full or partial balance transfer request. We may not use your total credit line when honoring balance transfers because the total balance transfers and any related fees and finance charge may take your balance over the available credit line.

The information about the cost of the cards described in this application is accurate as of 09-01-17. This information may change after that date. To find out any changes, call 512-474-1955 or write to Public Employees Credit Union, P.O. Box 2205, Austin, Texas 78768-2205.

Disclosure Statement For Your MasterCard Account

Disclosure Statement For Your MasterCard Account		
Annual Percentage Rate (APR) For Purchases	Platinum MasterCard 7.99% Gold MasterCard 9.99% Classic MasterCard 11.50%	
	Share Secured MasterCard 12.00%	
Cash Advance and Balance Transfer APR	Platinum MasterCard 7.99% Gold MasterCard 9.99% Classic MasterCard 11.50% Share Secured MasterCard 12.00%	
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 each month.	
Method For Computing the Balance For Purchases	Average Daily Balance (including new purchases)	
Annual Fee	None	
Minimum Finance Charge	\$1	
For Credit Card Tips From the Consumer Financial Pro- tection 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	
Cash Advance Fee	None	
Balance Transfer Fee	None	
Transaction Fee For Purchases	None	
Returned Check Fee	\$25	
Late Payment Fee	\$25	
Purchases	1% of the dollar amount of the transaction, whether originally made	