

CREDIT INSURANCE

Your Application for Credit Insurance

"You" or "your" means the member and joint insured (if applicable).

Credit Insurance is voluntary and not required to obtain this credit card. You can get this insurance only if you check the "yes" box below, sign your name, and write in the date. The rate you are charged for insurance is subject to change. You will be given a 31 day advance written notice before increase goes in effect. You have the right to stop this insurance by notifying METRO Federal Credit Union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize METRO Federal Credit Union to add the charges for insurance to your loan each month.

I elect the following insurance coverage:

Single Credit Disability Yes No
 Single Credit Life Yes No
 Joint Credit Life Yes No



*Per \$100 of your monthly balance

Coverages	Cost*	Insurance Premiums	Disability	Life
Single Credit Disability	17.9¢	Maximum Monthly Benefit	\$750	N/A
Single Credit Life	5.5¢	Maximum Amount of Loan Insurable**	\$50,000	\$50,000
Joint Credit Life	8.8¢	Maximum Age for Insurance	66	70

** This amount may be less the amount of your loan.

If you are disabled for more than 30 days, the Disability Benefit will begin on the 31st of disability.

 Date of Birth Applicant Signature Date

 Date of Birth Co-Applicant Signature Date
 (Eligible For Joint Credit Life Only)

Note: This insurance product is not insured or Guaranteed by the Government or NCUA.



METRO Federal Credit Union
 2440 E. Rand Road
 Arlington Heights, IL 60004
 (847) 670-0456
 Fax (847) 670-0401



AutoPay Visa Payments

Automatic monthly
 visa payments from your
 checking or
 Savings account.

No more checks lost in
 the mail, your monthly visa
 payment will be
on-time every-time.

Enroll now! Just complete the
 authorization form on the
 reverse side and return
 it to METRO. We'll notify you
 when the first ACH Visa
 payment is initiated. It
 usually takes approximately 60
 days or two statement
 cycles.



AUTOPAY
 APPLICATION

AUTOPAY VISA PAYMENTS



Automatic Monthly
 Visa Payments
 Directly from your Savings
 or Checking Account

Application Inside



AGREEMENT FOR PRE-AUTHORIZED VISA PAYMENTS (ACH AUTO PAY)

I, (we) hereby authorize **METRO Federal Credit Union**, to initiate withdrawals from the account indicated below to pay my (our) METRO VISA CREDIT CARD ACCOUNT NUMBER _____

I, (we) agree that your rights in respect to each withdrawal shall be the same as if it were a check drawn on my (our) account and personally signed by either of us and that you shall be fully protected in honoring such a withdrawal. I (we) further agree that if any such withdrawal is dishonored with cause, **METRO Federal Credit Union**, shall incur no liability whatsoever if such dishonor results in late charges or revocation of my (our) card.

Please withdraw from METRO Account Number _____ SAVINGS
 CHECKING

NAMES on account: _____

The amount of payment for my (our) METRO Visa credit card to be deducted (once) monthly is:
 {CHECK ONE}

- _____ The minimum payment or 3% of the balance, whichever is greater.
- _____ The total unpaid balance.
- _____ Fixed payment - fixed amount designated by cardholder.
 (Automatically adjusted to Minimum Payment Due on current statement if fixed amount is too low to meet minimum. Automatically adjusted to full balance of current statement if fixed amount is higher than balance.) THE FIXED AMOUNT TO BE WITHDRAWN MONTHLY IS \$ _____

This authorization remains in effect until **METRO Federal Credit Union** has received written notification from me (or either or us) of its termination. I (we) understand that ACH AUTO PAY will deduct funds from my checking or savings account, based on the selection above, and credit my METRO Visa Account five days prior to the due date. If the payment amount is not available in my checking or savings on the due date, I (we) understand I will be responsible for making that monthly payment and I will be subject to any applicable service fees.

_____	_____
SIGNATURE	DATE
_____	_____
SIGNATURE	DATE

Note: Please allow up to 2 visa statement cycles for the process to begin.

AUTO PAY

HIGHLIGHTS

AUTOMATIC VISA PAYMENT FROM

Checking or Savings

CONVENIENCE

No need to write checks.

3 PAYMENT OPTIONS

- Minimum Payment
- Full Payment
- Fixed Payment

PAYROLL DEDUCTION

Increase your payroll amount to cover your visa payment



If you have any questions regarding ACH AUTO PAY please call METRO

at

(847)670-0456

during regular business hours.