

Please note that if you are not already a customer at this Bank you will need to include a copy of your driver's license.

Rate and Fee Disclosure Table

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	11.50% Variable – Rate determined by adding a margin to the Prime Rate*
APR for Balance Transfers	11.50% - Variable - Rate determined by adding a margin to the Prime Rate*
APR for Cash Advances	11.50% - Variable - Rate determined by adding a margin to the Prime Rate*
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 (CA) and/or balance transfers (BT) on the transaction date.
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 web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore
Fees	
Annual fee	None
Transaction Fees	
• Cash Advances/ATM	3.0% of the amount advanced (\$10.00 min - \$300 max)
• International Currency Fee	1.0% for transactions involving currency exchange, 1.0% for transactions not involving currency exchange
Penalty Fees	
• Late Payment	Up to \$25.00
• Returned Payment	Up to \$30.00
Other Fees	
• 1st Duplicate Statement	\$5.00
• All Researches	\$25.00 / ½ hour
• Card Reissue	\$5.00
• Card Replacements: Lost/Stolen	\$5.00
• Emergency Card (Overnight)	\$25.00
• Paid by Phone	\$10.00

*Morton Community Bank calculates the variable rate by adding a margin of 4.0% to the Prime Rate as published in The Wall Street Journal on the 15th of March, June, September, and December each year.

How We Will Calculate Your Balance: We use a method called “average daily balance” (including new purchases). An explanation of this method is provided with your account agreement.

Billing rights: Information on your rights to dispute transactions and how to exercise those rights is provided with your monthly statement.

No applicant may be denied a credit card on account of race, color, religion, national origin, ancestry, age, sex, marital status or mental handicap unrelated to the ability to pay or unfavorable discharge from military service. The applicant may request the reason for rejection of his or her application for a credit card. No person need reapply for a credit card solely because of a change in marital status unless the change in marital status has caused deterioration in the person's financial position.

This information is accurate as of 04/01/2025, subject to change. To inquire about any changes that may have been made, please contact: **Morton Community Bank, 721 W. Jackson, Morton, IL 61550, (309)284-1340 or creditcardops@mortonbank.com.**

**** This Page to be Retained by Applicant ****

Please choose one

Reward Choice

☐ Credit limit requested: _____

☐ Cash Back (Restrictions apply)

☐ Increase my total limit to: _____

☐ ScoreCard Bonus Points

☐ Add this amount to my current limit: _____

Application for a Consumer VISA® Account

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information (including your Social Security or Taxpayer Identification Number) that will allow us to identify you. We may ask to see your driver's license or other identifying documents, including corporate documents, when appropriate.

Account Type ☐ Joint ☐ Individual

For Joint Accounts, both account holders must initial at right _____

The information below is required for all applicants. In evaluating your request for credit, the Bank may ask for additional financial information.

If you do not already have an account with Morton Community Bank you will need to include a copy of your driver's license with your application.

Information about the applicants

Applicant 1 Are you currently a Morton Community Bank customer ☐ Yes ☐ No Name of your first grade teacher (used as a security question) _____

First Name _____	Middle Initial _____	Last Name _____	Social Security Number _____	Date of Birth _____	Phone Number _____
Home Address _____			City _____	State _____ Zip _____	Alternate Phone Number _____
Employer _____		Position _____	Monthly Gross Income _____		Housing Information <input type="checkbox"/> Live with Parent(s) or others <input type="checkbox"/> Own <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent \$ _____ Monthly Rent
Sources of Additional Income* _____		Monthly Gross Income _____			
Name of nearest relative not living with you _____		Phone Number _____			

Applicant 2 Are you currently a Morton Community Bank customer ☐ Yes ☐ No Name of your first grade teacher (used as a security question) _____

First Name _____	Middle Initial _____	Last Name _____	Social Security Number _____	Date of Birth _____	Phone Number _____
Home Address _____			City _____	State _____ Zip _____	Alternate Phone Number _____
Employer _____		Position _____	Monthly Gross Income _____		Housing Information <input type="checkbox"/> Live with Parent(s) or others <input type="checkbox"/> Own <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent \$ _____ Monthly Rent
Sources of Additional Income* _____		Monthly Gross Income _____			
Name of nearest relative not living with you _____		Phone Number _____			

* List Pre-tax amount from sources such as Retirement, Social Security, Annuities, Dividends and Interest. Alimony, child support or maintenance need not be disclosed if you do not wish it considered in determining credit worthiness.

Definitions: "Applicant" means the applicant(s) in this application. "Bank" means Morton Community Bank, its successors and assignees. "Obligations" means all indebtedness, liabilities, and obligations whatsoever of the Applicant owing to the Bank in connection with the Consumer Visa Accounts(s) established pursuant to this application, if this application is approved.

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, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, 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. No applicant may be denied a credit card on account of race, color, religion, national origin, ancestry, age, sex, marital status, physical or mental handicap unrelated to the ability to pay or unfavorable discharge from military service. The applicant may request the reason for rejection of his or her application for a credit card. No person need reapply for a credit card solely because of a change in marital status unless the change in marital status has caused deterioration in the person's financial position.

Applicant 1 - Signature _____ Date _____

Applicant 2 - Signature _____ Date _____

Applicant 1 - Driver's License Number _____

Applicant 2 - Driver's License Number _____

Date Issued _____ Expires _____

Date Issued _____ Expires _____

Print, sign and date this application and return it to Morton Community Bank, PO Box 104, Morton, IL 61550, or drop it off at any Hometown Community Banks branch.

If you wish to keep a copy of this application, print two copies and keep one for your records.

Information accurate as of 07/01/2020.

Optional Services

You are not required to use any of the services listed below. They are offered, without charge, to help you get the most use from your card and manage your card easily. Please complete the information for the service(s) you desire. Print, sign and date the request form and return it to Morton Community Bank, PO Box 104, Morton, IL 61550, or drop it off at any Hometown Community Banks branch. If you have any questions please contact the Retail Credit Card Services Department at creditcardops@MortonBank.com or 309-284-1340.

Access your account online at www.MyCardStatement.com

- Complete a simple online registration, which takes only minutes, and gain immediate access to your account. (Works with desktop computers, tablets and smart phones.)
- **Make a payment to your account** - Set up your banking information (account and routing numbers) and have a payment made from your checking account to your credit card account. Make one-time payments or set up recurring payments in any amount you like. Your payment is credited to your credit card account immediately.
- **See transactions since your last statement** - Why wait for your monthly statement to see your transactions. See them as soon as they post to your account.
- **Set up Alerts** - Set up Alerts to send email or text messages or both for a variety of account activities including when transactions post, a credit is received, a charge in excess of a set amount is posted and much more. You can even set up Alerts for personal events, such as having the system send you a text to remind you of an appointment or birthday.

Transfer a balance from another card

If you request a Balance Transfer that would cause your Account to exceed its Credit Limit, we will post only a portion of the Balance Transfer requested to your Account up to the amount of credit available under the Credit Limit. Continue paying each creditor until the transfer appears as a credit. Your other credit card account will not be closed even if you transfer your entire balance. If you want to close an account, please contact the other card company directly. There is no balance transfer fee. If you have a dispute with a creditor and pay that balance by transferring it to your new account, you may lose certain dispute rights.

Information about the card you want to pay off

Your Name as it Appears on the Card

Creditor Name (who issued the card)

Phone Number of Creditor

Payment Street or Box Address (where you send your payment)

Account Number for Payment (the card number)

City State Zip Amount to be Transferred

Make automatic payments from a savings or checking account to your credit card

Please complete the section below if you would like your credit card payments to be made automatically from the checking or savings account of your choice.

Morton Community Bank is hereby authorized to debit the following account for payment to the Morton Community Bank credit card account listed below.

Account Information

☐ Checking Account ☐ Savings Account

Bank Routing Number

Bank Account Number

Payment Details

Payment Amount

- ☐ Full Statement Balance
☐ Minimum Monthly Payment
☐ Other Fixed Amount (enter below) _____

Payment Date

- ☐ Regular Scheduled Due Date
☐ Other Specified Regular Date (enter below) _____

Add other Authorized User(s) to your credit card

I, the Cardholder(s), agree to accept full responsibility for the use of the Card in accordance with the terms and conditions of the Disclosure Statement and Agreement I received with my original Card(s) and any Additional Federal and State Disclosures provided since that time. I hereby authorize Morton Community Bank to issue additional credit card(s) on my account to the individual(s) named below. I understand a Card will be issued only if my account is not over-limit or past due.

When you allow the Authorized User(s) to use your Card, you, the Cardholder(s), will be liable for all credit extended to such persons. You promise to pay for all purchases, balance transfers and cash advances made by the Authorized User(s). If you want to end the Authorized User(s) privileges, you must notify us immediately.

First/Middle/Last Name

Social Security Number

Date of Birth

Phone Number

First/Middle/Last Name

Social Security Number

Date of Birth

Phone Number

By signing below I authorize Morton Community Bank to activate the optional services selected above.

Account Holder Name

Credit Card Account Number (for bank use only)

Signature

Date

Bank Use Only

Date Received _____

Relationship Manager _____