

AdventHealth Credit Union
 351 S. State Road 434
 Suite 1009
 Altamonte Springs, FL 32714
 Ph: 407-303-1527
 FAX: 407-303-0918
 www.ahcu.cc

IMPORTANT CREDIT CARD DISCLOSURES

The following disclosure represents important details concerning your credit card. The information about costs of the card are accurate as of _____. You can contact us toll free at (844) 365-2819 or 351 S. State Road 434, Suite 1009, Altamonte Springs, FL 32714 to inquire if any changes occurred since the effective date.

INTEREST RATES and INTEREST CHARGES:			
Annual Percentage Rate (APR) for Purchases, Cash Advances, & Balance Transfers	VISA PLATINUM	VISA CLASSIC	VISA SHARE SECURED
	9.99%	14.99%	16.00%
Paying Interest	Your due date is at least 21 days after we mail your billing statement. We will not charge you interest on purchases if you pay your entire new purchase balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the date the cash advance or balance transfer is posted to your account.		
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50.		
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:	
Fees to Open or Maintain your Account - Annual Fee: - Application Fee:	None None
Transaction Fees - Balance Transfer: - Cash Advance: - Foreign Transaction:	None None 1% of each transaction in U.S. dollars.
Penalty Fees - Late Payment: - Over-the-Credit Limit: - Returned Payment:	\$25.00 or the amount of the required minimum payment, whichever is less, if you are ten (10) or more days late in making a payment. None \$25.00 or the amount of the required minimum payment, whichever is less.

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

APPLY NOW!