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 you	ur credit card. The inf	formation about	costs of the ca	ırd is
accurate as of	You can contact us toll free	e at (844) 365-2819 or	351 South State	Road 434, Sui	ite
1009, Altamonte Springs, FL 32714 to	inquire if any changes occurred	since the effective da	ıte.		

INTEREST RATES and INTEREST CHARGES:			
Annual Percentage Rate (APR) for Purchases, Cash Advances, & Balance Transfers			
Penalty APR and When it Applies	None		
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:	None	
Application Fee:	None	
Transaction Fees		
Balance Transfer:	None	
• Cash Advance:	None	
Foreign Transaction:	1% of each transaction in U.S. dollars.	
Penalty Fees		
Late 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.	
Over-the-Credit Limit:	None	
Returned Payment:	\$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)."