Visa<sup>®</sup> Gold Credit Card for the purchase of goods or services, the following benefits are yours!

NO COST

#### TRAVEL ACCIDENT INSURANCE

Whether traveling across the country or around the world, you and your family are automatically covered by our no cost Travel Accident Insurance when you use our card to purchase travel tickets.

Use our card to purchase tickets on any common carrier - air, land, or sea - and you're covered in the event of an accident or loss

No registration is required. Just by using our card, you're covered!

#### SCORECARD® BONUS POINTS

Earn Bonus Points for every net retail purchase you make with The Evangeline Bank and Trust Company Credit Card! You can redeem Bonus Points for brand-name merchandise and exciting travel awards. Visit www.scorecardrewards.com and browse the current award selections. You'll be amazed at what ScoreCard has to offer! To find out how our plan works, including the **Redeem 2Erase** feature, ask one of our friendly representatives.

# 24/7 CUSTOMER SERVICE SCORECARD IS HERE FOR YOU!

Want ScoreCard® help around-the-clock? You've got it! Our Award Headquarters Customer Service team members are available to assist you with any ScoreCard® inquiry 24 hours a day, 7 days a week\* at 1-800-854-0790.

(CONTINUED FROM REVERSE SIDE UNDER CREDIT DISCLOSURES)

# Process for posting foreign transactions on billing statement:

A 1% International Transaction Fee will be assessed on all transactions where the merchant country differs from the country of the issuer. The converted transaction amount will be shown separately from the International Transaction Fee on your billing statement. This fee will be assessed on all international purchases, credit vouchers, and cash disbursements.

### **Foreign Transaction Currency Exchange Rate:**

The exchange rate for transactions in a foreign currency will be a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives, or the government mandated rate in effect for the applicable central processing date plus the 1% International Transaction Fee.

How to make payments and method of payment posting: Payments may be mailed to Visa/The Evangeline Bank and Trust Company, P.O. Box 4521, Carol Stream, IL 60197-4521. Such payment(s) will be posted on the date received. Payments may also be made in person to a bank employee on a business day (Monday - Friday, unless otherwise a bank holiday), at any of our branch locations; such payments will be posted as of the date of receipt up until the closing time of the respective branch location where the payment was received. Closing times vary by branch locations.

The details contained in the credit disclosure above are correct as of May 2024, the date of this application revision. The details are subject to change anytime after that date. For changes you must contact our office at the address listed on application.



#### YOU DESERVE THE CREDIT

Make your new Visa Gold credit card your constant traveling companion and you'll always have instant credit at your fingertips. Your new card is already packed with everything you need, to take you anywhere you want to go. From the tiniest boutiques to the largest resorts, your Visa Gold is your ticket to the best.

You'll enjoy more shopping, more fine restaurants, more travel opportunities with your Visa Gold whether you're going across town or around the world.

Accepted around the globe wherever you see the Visa Gold emblem. You'll benefit from its convenience and security whenever you use your card to travel, shop, or dine. In business or pleasure, you'll find it makes your life a little bit easier.

So give yourself credit today and apply for a new Visa Gold. It's guaranteed to help you appreciate the finer things in life.

497 WEST MAIN STREET | VILLE PLATTE, LA 70586 337-363-5541

or visit:

## www.theREalbank.com

for other locations and information.







# GOLD



need not be revealed if it is not to be considered in determining creditworthiness.

Nearest Relative (Not Living With You)

Their Address

## Check Account Choice

(Signature required for joint applican

Relationship

Zip Code

| ce | Individual Account    |
|----|-----------------------|
| t) | Joint Account         |
|    | Credit Limit Increase |

Credit Limit Requested

NOTE: MAXIMUM CASH ADVANCE LIMIT - 25% OF APPROVED CREDIT LIMIT IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: TO help the government fight the funding of terrorism and money

laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. PLEASE CHOOSE ONE: 🔲 INDIVIDUAL APPLICATION 🗎 JOINT APPLICATION - If you intend to apply for joint credit initial here: Applicant

Note: All applicable sections should be filled out completely to avoid delay in processing your application. APPLICANT Middle Last Name First Social Security Numbe Date of Birth No. of Dependents Cell Phone Own Rent Other Monthly Payment \$ Current Address Zip Code City State How Long (yrs) How Long (yrs) Mailing Address (if different from above) State Zip Code Previous Address (if less than 2 years at present address) City State Zip Code How Long (yrs) Employer Self Employed Work Phone Date Employed ☐ Yes ☐ No Monthly Gross Position / Occupation Address Income \$ Name and Address of Previous Employer (if less than 2 years at present employer) How Long (yrs) Source of Additional Income: income from alimony, child support or separate maintenance Amount per Month \$

□ CO-APPLICANT Information about a co-applicant is not required for an individual account. □ GUARANTOR

City

Home Phone

State

| Last Name                        | Fi                             | rst                      | Middle         |            | Social Security Number  |
|----------------------------------|--------------------------------|--------------------------|----------------|------------|-------------------------|
| Date of Birth                    | No. of Dependents C            | ell Phone<br>)           | Own            | Rent Other | Monthly Payment \$      |
| Current Address                  | City                           |                          | State          | Zip Code   | How Long (yrs)          |
| Previous Address (if less than 2 | years at present address) City |                          | State          | Zip Code   | How Long (yrs)          |
| Employer                         |                                | Self Employed ☐ Yes ☐ No | Work Phone ( ) |            | Date Employed           |
| Address                          |                                | Position / Occupa        | tion           |            | Monthly Gross Income \$ |

| CREDIT INFORMATION Attach Additional Sh | eet If Necessary.                   |                |         |                 |
|---|-------------------------------------|----------------|---------|-----------------|
| Name and Address of Creditor            | Name Under Which Account Is Carried | Account Number | Balance | Monthly Payment |
| Home Mortgage/Rent                      |                                     |                | \$      | \$              |
| Bank Credit Card/Bank Name and Address  |                                     |                | \$      | \$              |
| 3. Automobile                           |                                     |                | \$      | \$              |

| Interest Rates and Interest  | Charges   |  |  |  |  |
|--|---|--|--|--|--|
| Annual Percentage Rate (APR) for Purchases                         | 10.90%, 12.90%, 15.90%, or 17.90% based on your creditworthiness at the time of account opening.  |  |  |  |  |
|  | APRs are fixed.   |  |  |  |  |
| APR for Balance<br>Transfers                                       | 10.90%, 12.90%, 15.90%, or 17.90% based on your creditworthiness at the time of account opening.  APRs are fixed.   |  |  |  |  |
| APR for Cash Advances  | 10.90%, 12.90%, 15.90%, or 17.90% based on your creditworthiness at the time of account opening.  APRs are fixed.   |  |  |  |  |
| How to Avoid Paying<br>Interest on Purchases                       | Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month.        |  |  |  |  |
| Minimum Interest<br>Charge   | None  |  |  |  |  |
| 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   |   |  |  |  |  |
| Set-up and Maintenance   |   |  |  |  |  |
| Fees  • Annual Fee   | None  |  |  |  |  |
| Additional Card Fee  | \$10.00 per card after the first two cards  |  |  |  |  |
| Transaction Fees   |   |  |  |  |  |
| Balance Transfers  | None  |  |  |  |  |
| Cash Advances  | 2% of the amount advanced with a \$5.00 minimum   |  |  |  |  |
| Foreign Transactions   | Up to 1% of each transaction in U.S. dollars  |  |  |  |  |
| Penalty Fees   |   |  |  |  |  |
| Late Payment Fee   | Up to \$15.00   |  |  |  |  |
| Over-The-Limit Fee   | None  |  |  |  |  |
| Returned Payment   | Up to \$20.00   |  |  |  |  |

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

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Card Replacement Fee: A fee of \$10 may be assessed if your Visa card is replaced due to damage, loss, or theft.

Expedited Delivery Fee: A fee of \$50 will be assessed for expedited or express delivery of a credit card, whether for a new or replacement card.

Minimum Payment: \$10.00 or 5% of the balance due, whichever is greater.

Average Daily Balance method (including current purchases): To avoid incurring a Finance Charge on the balance of purchases reflected on your monthly statement and on new purchases, you must pay the New Balance shown on your monthly statement on or before the Payment Due Date. The Grace Period on new purchases extends to the Payment Due Date. The Finance Charges for a billing cycle is determined by applying the monthly Periodic Rate to the "average daily balance". To get the "average daily balance", we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This calculation renders a daily balance. Then we add all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

Cash Advance Statement. The Finance Charge on a cash advance begins the day the cash advance is obtained, or the first day of the billing cycle in which it is posted to your account, whichever is later. There is no Grace Period on a cash advance. The Finance Charges for a billing cycle are computed by applying the monthly Periodic Rate to the "average daily balance" of your account. To get the average daily balance, we take the beginning balance of your account each day, add any new purchases or cash advances, and subtract any payments, credits, non-accruing fees, and unpaid finance charges. This calculation renders a daily balance. Then we add all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle.

| DEBT to Income Ratio (Calculated) |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| Monthly Debt Payment              |  |  |  |  |  |
| (Divided by)                      |  |  |  |  |  |
| Monthly Income                    |  |  |  |  |  |
| (Equals)                          |  |  |  |  |  |
| Debt to Income Ratio              |  |  |  |  |  |
| SIGNATURE(S)                      |  |  |  |  |  |

| <u> </u> | ٠   | •/ • |    |     | -(-/ |
|----------|-----|------|----|-----|------|
|          |     | 2=   |    | 4.5 |      |
| PL       | EA. | SE   | KE | AD  | 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 card holder 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 about the card holder agreement application, the undersigned 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.

| X                   |      | X                      | Χ    |  |  |
|---------------------|------|------------------------|------|--|--|
| Applicant Signature | Date | Co-Applicant Signature | Date |  |  |
|                     |      |                        |      |  |  |
|                     |      |                        |      |  |  |

| TRANSFER OF BALANCE REQUEST                                 |
|---|
| Upon approval, I wish to transfer my present balance on the |

| Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account. |                             |  |  |  |
|--|-----------------------------|--|--|--|
|  |                             |  |  |  |
| Credit Card Account Number   | Amount to be transferred \$ |  |  |  |
| Signature  | <u> </u>                    |  |  |  |
|  |                             |  |  |  |

| FOR INTERNAL USE ONLY | Visa Account No. |    |                    |  |
|-----------------------|------------------|----|--------------------|--|
|                       |                  |    |                    |  |
| DATE RECEIVED         | CREDIT LII       | NE | APPROVED BY & DATE |  |

SPECIALTY