

Avidia Bank Credit Card Application

Credit Line Desired _____

This application is intended to be for individual joint credit. Initial here: **X** Applicant: _____ **X** Co-applicant: _____

| Applicant Information | | |
|--|----------------------|-----------------|
| NAME | DRIVER'S LICENSE NO. | |
| SOC SEC NO | BIRTH DATE | PHONE |
| STREET ADDRESS | | |
| CITY | ST/ZIP | HOW LONG |
| CIRCLE ONE: | OWN HOME | RENT |
| | | MONTHLY PAYMENT |
| EMPLOYER | HOW LONG | |
| POSITION | BUS. PHONE | |
| GROSS MONTHLY SALARY \$ | | |
| OTHER INCOME (ALIMONY, SEPARATE MAINTENANCE OR CHILD SUPPORT NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYMENT.) \$ | | |

| Co-Applicant Information | | |
|--|----------------------|-----------------|
| NAME | DRIVER'S LICENSE NO. | |
| SOC SEC NO | BIRTH DATE | PHONE |
| STREET ADDRESS | | |
| CITY | ST/ZIP | HOW LONG |
| CIRCLE ONE: | OWN HOME | RENT |
| | | MONTHLY PAYMENT |
| EMPLOYER | HOW LONG | |
| POSITION | BUS. PHONE | |
| GROSS MONTHLY SALARY \$ | | |
| OTHER INCOME (ALIMONY, SEPARATE MAINTENANCE OR CHILD SUPPORT NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYMENT.) \$ | | |

Cash Advance Authorization for Overdraft Transfers (Optional)

I/we hereby request and authorize Avidia Bank to complete any payment transaction from my/our Checking Account # _____ that exceeds the balance of available funds in the account and to make a cash advance from my MasterCard credit account to cover the resulting overdraft.

X _____
Applicant

X _____
Co-Applicant

BALANCE TRANSFER OPTION

Transfer the balance on your old account or consolidate several account balances on your new MasterCard account. Fill in all the information below and sign. We will send you a confirmation letter for your records. (Use separate sheet if necessary and provide copies of bills.)

Issuer's Account # _____ Amount to Transfer _____ Issuer to Pay _____
 Issuer's Payment Address _____ City _____ ST _____ Zip _____

By signing the attached application, I authorize you to bill my account in the full partial amount(s) listed. I understand that I will receive a detail summary confirmation advising me when payment was rendered or if you were unable to process my transfer request(s) for any reason. I understand that I am responsible for any charges billed to me for the accounts indicated.

SIGNATURES

By signing below, the **applicant** and any **co-applicant** each: (i) **certify** that everything stated in this application is true and complete in all respects; (ii) **authorize** the Bank to verify any information (including tax information) provided in connection with this application. (iii) **authorize** the Bank to obtain credit information, including consumer credit reports, in connection with this application and any updates, renewals, extensions, and collection activity relating to any resulting account; (iv) **authorize** the Bank to provide information to other people about its credit experience with applicant and co-applicant; (v) **agree** that this application is the Bank's property, whether or not credit is granted; and (vi) **agree that, if the Bank approves this application and sends a copy of the Bank's MasterCard credit card agreement to the applicant's address, activation of the account will signify the applicant's and any co-applicant's acceptance of the terms listed on page 2 of this application and conditions of that agreement without further signature.**

X Applicant _____ Date _____ **X** Co-Applicant _____ Date _____

USA Patriot Act

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

You can drop the application off at any Avidia Bank branch location or mail to: Avidia Bank, 42 Main Street, Hudson, MA 01749.

| For Creditor Use Only: | | | | | |
|--------------------------|-----------|--------------|----------------------------|---------|-------|
| Circle one: | In Person | By Telephone | By Fax | By Mail | Other |
| Application Received By: | | | Date Application Received: | | |

Interest Rates and Interest Charges

| The type of MasterCard for which we approve you will be based on your creditworthiness and other factors | MasterCard Classic | MasterCard Gold | MasterCard Platinum |
|--|---|---|---|
| Annual Percentage Rate (APR) for All Advances (Purchases, Cash Advances, and Balance Transfers) | 17.90% | 10.40% This rate will vary with the market based on the Prime Rate. | Introductory Rate 3.90% For 6 months, then 9.40% This rate will vary with the market based on the Prime Rate. |
| How to avoid paying Interest on Purchases | We will not charge you interest on purchases itemized on your monthly statement if the balance on your entire account at the beginning of the billing cycle was zero or if the payments and credits received during the billing cycle equal or exceed that balance. | | |
| 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

| Annual Fee | \$25 | None | None |
|---|---|------|------|
| Transaction Fees <ul style="list-style-type: none"> Overdraft Transfer Cash Advance Balance Transfer Over-Limit Fee Foreign transaction | \$10 \$5 or 4% of each cash advance, whichever is greater None None 1% of each transaction in U.S. dollars | | |
| Penalty Fees <ul style="list-style-type: none"> Late Payment Returned Payment | \$10 or 10% of the outstanding balance of your account, whichever is less \$20 | | |

How we will calculate your balance: We use a method called “average daily balance (including new purchases).” This brochure was printed April 5, 2016 and the above information was accurate as of that date. The information is subject to change at any time. You may call 1-800-508-2265 for any changes to this information since the date of printing.