

Thanks for your interest in a Community Bank Visa® Classic Credit Card!

Before you apply ...

Be sure and read the [Terms and Conditions](#) on our website, and the benefits and interest rates and charges on page 4 of this document.

To apply, please follow these simple steps:

1. Complete the fillable application form attached
2. Save the form and print a copy
3. Sign and bring it to one of the following Community Bank Branch Managers
(never email your confidential information!)



John Fansler

3906 Emerson Avenue
Parkersburg, WV 26104
(304) 420-5567
jfansler@communitybankpkbg.com



Teresa Bayles

1620 Blizzard Drive
Parkersburg, WV 26101
(304) 420-5667
tbayles@communitybankpkbg.com



Amanda Mott

2400 Grand Central Avenue
Vienna, WV 26105
(304) 420-5676
amott@communitybankpkbg.com

FOR BANK USE ONLY

Date Rec'd _____ Mailed
 CL _____ In Person
 # of Cards _____ Approved by _____
 Date Approved _____ Date RJT _____



- New Classic Visa® Requested Credit Line \$ _____
 Other _____ Increase Credit Line to \$ _____

(Name) First	Middle	Last	Birth Date	Social Security #
Drivers License #	State of Issue	Issue Date	Expiration Date	
Present Physical Address	City	State	Zip	Years at Address (Area Code) Home Phone
Mailing Address (if different from present address)	City	State	Zip	# of Dependents (Area Code) Cell Phone
Previous Address	City	State	Zip	How Long Current Email Address
Present Employer	Address	Length of Employment	Your Position	(Area Code) Business Phone
Previous Employer	Address	Length of Employment	Mother's Maiden Name	
Name of Nearest Relative Not Living with You	Relationship	Address	(Area Code) Phone	

***NOTE:** If this application is for a joint account, fill out the co-applicant information below and initial where indicated and sign the bottom of the application where designated.

CO-APPLICANT INFORMATION

(Name) First	Middle	Last	Birth Date	Social Security #
Drivers License #	State of Issue	Issue Date	Expiration Date	
Present Physical Address	City	State	Zip	Years at Address (Area Code) Home Phone
Mailing Address (if different from present address)	City	State	Zip	# of Dependents (Area Code) Cell Phone
Previous Address	City	State	Zip	How Long Current Email Address
Present Employer	Address	Length of Employment	Your Position	(Area Code) Business Phone
Previous Employer	Address	Length of Employment	Mother's Maiden Name	
Name of Nearest Relative Not Living with You	Relationship	Address	(Area Code) Phone	



FINANCIAL INFORMATION

	Account #	\$ Monthly Payment	\$ Balance
Rent/Mtg <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> w/Parents			
Auto			
Bank Loans			
Charge Accounts			
Other			
Total Liabilities <i>(Please attach separate worksheet if additional space is required.)</i>		\$	\$

INCOME

Growth Monthly Salary <i>(before deductions)</i>		<i>Alimony, child support or Separate Maintenance Income need not be revealed if Applicant or co-Applicant does not wish it considered as a source of income for repaying this obligation.</i>	Other Income		
Applicant	Co-Applicant		Applicant	Co-Applicant	Total Income
\$	\$	Source of other income:	\$	\$	\$

OVERDRAFT PROTECTION

Please complete this section to authorize Overdraft Protection.

Subject to the rules/regulations applicable to the Community Visa® Classic Account, applicant requests overdraft protection for Community Bank of Parkersburg checking account(s) indicated and authorizes Community Bank of Parkersburg to make deposits in \$50 multiples into the Community Bank of Parkersburg checking account(s) to cover overdrafts and to charge such cash advances to my Community Visa® Classic Account.

Yes, I would like overdraft protection for my Community Bank of Parkersburg Checking Account # _____

SIGNATURE

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history to answer questions about credit experience with me. If the account is individual I hereby agree that if my Application is granted, the account opened in my name will be for my sole benefit and use and no other person will be permitted to use said account or card issued pursuant thereto. The undersigned agrees to be bound by the terms and conditions, including annual membership fee, and overdraft protection (if elected) as set forth in the credit card terms and conditions, both joint and severally.

NOTICE - JOINT CREDIT

We intend to apply for joint credit _____ **(both parties must initial here)**

Applicant X _____ *(Initial above if joint credit)* Date _____

Co-Applicant X _____ *(Initial above if joint credit)* Date _____

With a Community Bank of Parkersburg Visa[®], You Automatically Receive the Following Benefits

- 1. \$150,000 Common Carrier Travel Accident Insurance** – Your Community Bank of Parkersburg Visa[®] Card **automatically** provides you \$150,000 worth of travel accident insurance while traveling in the air, on land or water each time you charge your tickets to your Community Bank of Parkersburg BankCard account. You do not have to complete any form to qualify. Subject to certain restrictions as defined in the policy.
- 2. Cash Advance Loans** – Whenever you need money, you can obtain a cash advance up to your available line of credit by presenting your BankCard at any of over 370,000 locations worldwide who display the Visa[®] logo.
- 3. Overdraft Protection** – Upon your direction, we can combine your Visa[®] with your Community Bank of Parkersburg checking account to avoid the embarrassment of a returned check. The overdraft will be charged to your Visa[®] Account just as though it were a Cash Advance against your established credit limit.
- 4. Local Attention to Your Needs** – If you have a question regarding your account, it will be answered locally by our professional staff. No need to call New York, Texas or Delaware where many major banks locate their Account Service Representatives.
- 5. Auto Rental Collision Damage Waiver** – Auto Rental Collision Damage Waiver eliminates the need for Community Bank Visa[®] cardholders to pay for the collision damage waiver or similar provision provided by commercial auto rental companies on most passenger vehicles – saving you additional insurance costs.

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	14.9%* This APR will vary with the market based on the 6-month Treasury Index plus a margin.
APR for Balance Transfers	14.9%* This APR will vary with the market based on the 6-month Treasury Index plus a margin.
APR for Cash Advances	14.9%* This APR will vary with the market based on the 6-month Treasury Index plus a margin.
How to Avoid Paying 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. We will begin charging interest on cash advances and balance transfers 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 website of The Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore
Fees	
Annual Fee	None
Transaction Fees	
• Balance Transfer	1.5% of the balance transferred or \$5.00, whichever is less.
• Cash Advance	1.5% of the cash advance or \$5.00, whichever is less.
Penalty Fees	
• Late Fees	5% of the past due amount or \$10.00, whichever is less.

Card Replacement Fee: 24 hours – \$25.00, 3-5 days – \$15.00, 7-10 days – None

Research Fees: \$15.00 per hour, \$3.00 per copy

Retrieval Fee: \$25.00

How We Will Calculate Your Balance: We use the method called “average daily balance (including new purchases).” Details on account balance calculation can be found in the Account Agreement.

*Annual Percentage Rate as of September 25, 2021.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in the Account Agreement.

Important Credit Disclosure Information Regarding Your Application:
The above disclosure information is accurate as of the printing date of this application which is September 25, 2021. This information is subject to change after the printing date; therefore, the applicant should contact the BankCard Department of Community Bank of Parkersburg at P.O. Box 1288, Parkersburg, WV 26102 for information regarding changes in the disclosure.