Cash Reserve Advantage

PERSONAL OVERDRAFT PROTECTION LINE OF CREDIT



REQUEST INFORMATION								
Checking Account Number				I/We are applying for:				
☐ Requested Credit Limit \$				☐ Individual credit ☐ Joint credit*				
☐ Requested Credit Limit Increase to \$				* If you intend to apply for joint credit, please initial below:				
(For existing Cash Advantage Reserve Account)				(Applicant's initials) (Co-Applicant's initials)				
APPLICANT INFORMATION (Please print)								
Last Name First Name	st Name First Name Middle Initial Date of Birth		te of Birth	Social Security No.	No. of	No. of Home Phone Dependents		Business Phone
					Dependents	() ()		
Home Address (No., Street, City, State, Zip Code)					How long at this	s address? Mother's Maiden Name		
Previous Home Address [If less than 2 years] (No., Street, City, State, Zip Code)					How long at this address? City of Birth			
Present Employer		How L	ong?	Previous Employer	How Lon			How Long?
Address (Present Employer)				Address (Previous Employer)				
Position (Present Employment)				Position (Previous Employment)				
Gross Salary (Income verification may be required)				Gross Salary (Income verification may be required)				
□ week □ month □ year \$				□ week □ month □ year \$				
(Need not be revealed if you do no wish to have this source of income considered) Alimony, Child Support or Separate Maintenance Income: \$				Other Gross Income Source of Other Gross Income				
Name of nearest relative not living with you Relationship				Relative's Address Rel				Relative's Phone
CO-APPLICANT INFORMATION (If property ownership or rental information is not the same, applicant and joint applicant should complete a separate application)								
Last Name First Name	Middle Initial	Da	te of Birth	Social Security No.	No. of Dependents	Home Ph	one	Business Phone
						()		()
Home Address (No., Street, City, State, Zip Code)					How long at th	s address?	Moti	ner's Maiden Name
Previous Home Address [If less than 2 years] (No., Street, City, State, Zip Code)				How long at this address? City of Birth				
Present Employer How Long?				Previous Employer How Long?				
Address (Present Employer)				Address (Previous Employer)				
Position (Present Employment)				Position (Previous Employment)				
Gross Salary (Income verification may be required)				Gross Salary (Income verification may be required)				
□ week □ month □ year \$				☐ week ☐ month ☐ year \$				
(Need not be revealed if you do no wish to have this source of income considered)				Other Gross Income Source of Other Gross Income				
Alimony, Child Support or Separate Maintenance Income: \$ Name of nearest relative not living with you Relationship			Relative's Address	s Relative's Phone				
PLEASE PROVIDE SOME FINANCIAL INFORMATION ABOUT YOURSELF AND ANY CO-APPLICANT								()
TELASET HOVIDE SOMET INANGIAE	Mortgage Holder or Landlord Name & Address							
Do you ☐ Own or ☐ Rent? Monthly mortgage or rent payment \$				Indigage Holder of Editable Name a Address				
☐ Other (Please explain):				Mortgage Balance \$ Present Property Value \$				
I certify that all the statements on this application are true and complete. I authorize Passumpsic Savings Bank to gather information about me and to obtain a credit report at any time in order to verify or re-verify any information in connection with this transaction needed for: approving the application, reviewing the account, increasing the credit line on the line of credit note, for the purpose of taking collection action on the account or other legitimate purposes associated with this account. If this application is approved, I authorize the bank to give information about my Passumpsic Savings Bank account to others, as permitted or required by law. If this is a joint application, each applicant agrees that the liability of the account will be joint and several and that each applicant will at all times be separately liable for the full amount of any balance due on the account. This application remains the property of Passumpsic Savings Bank, whether or not an account is opened.								
Applicant's signature Date				Co-Applicant's signature Date				
AREA BELOW FOR BANK USE ONLY				ı				
Form of Identification (Applicant)				Issue Date Expiration Date				
Form of Identification (Co-Applicant)	I.D. Issued by			er	Issue Date Expiration		Expiration	Date

TERMS AND FEES. Minimum line of credit amount \$500, Annual Fee \$15, Over the Limit Fee \$10. Contact us for the current cash reserve advantage overdraft protection line of credit interest rate. 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 TO YOU: When you open an account, we will ask you 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. In some cases, identification will be requested for current account. In all cases, protection of our customers' identity and confidentiality is our pledge to you.

Cash Advantage Reserve LOC Application (Rev. 6/17)