

OFFICER INITIAL _____ ACCOUNT NUMBER _____ DATE _____

BSB Overdraft Protection Application

I am applying for BSB Overdraft Protection in the amount of \$ _____. This is an Individual Application Joint Application
Note: If individual application, only the income of the applicant will be considered in reaching credit decision.

Application Information

Personal

Name _____
Street _____
City _____ State ____ Zip _____
Years there _____ Own Rent
Monthly mortgage \$ _____ Monthly Rent \$ _____
Birth date _____ Social Security no. _____
Home phone () _____ Business phone () _____

Employment and Income

Alimony, child support or separate maintenance income need not be revealed if you don't want it considered as a basis for repaying this loan.
Employer _____
Street _____
City _____ State ____ Zip _____
Position _____
No. of years _____ Gross monthly income \$ _____
Please supply recent pay stub Other income \$ _____

Credit references

Name _____ Account # _____
Balance \$ _____ Monthly payment \$ _____
Name _____ Account # _____
Balance \$ _____ Monthly payment \$ _____
Please write in the number of the account for which you would like to have an Overdraft Line of Credit

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Co-Application Information

Personal

Name _____
Street _____
City _____ State ____ Zip _____
Years there _____ Own Rent
Monthly mortgage \$ _____ Monthly Rent \$ _____
Birth date _____ Social Security no. _____
Home phone () _____ Business phone () _____

Employment and Income

Alimony, child support or separate maintenance income need not be revealed if you don't want it considered as a basis for repaying this loan.
Employer _____
Street _____
City _____ State ____ Zip _____
Position _____
No. of years _____ Gross monthly income \$ _____
Please supply recent pay stub Other income \$ _____

Credit references

Name _____ Account # _____
Balance \$ _____ Monthly payment \$ _____
Name _____ Account # _____
Balance \$ _____ Monthly payment \$ _____
Please write in the number of the account for which you would like to have an Overdraft Line of Credit

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I/We have read the BSB Overdraft Protection Agreement.

The undersigned provide(s) this information for the purpose of obtaining credit and to authorize Belmont Savings Bank to obtain information concerning any statements made herein from any credit bureau or investigative agency. I/We understand a copy of the appropriate agreement form stating the terms of my/our agreement with the Bank has been furnished to me/us. If I/We fail to advise the Bank of any objection to the agreement and the credit extended, (if approved) the terms of the agreement will be binding on me/us.

Applicant signature _____ Date _____
Co-Applicant signature _____ Date _____

NOTE: ALL ACCOUNT OWNERS MUST BE 18 YEARS OF AGE OR OLDER TO HAVE OVERDRAFT LINE OF CREDIT

Automatic Payment Agreement

If my/our Overdraft Line of Credit payment is not received by the due date, I/we agree to have the minimum payment automatically deducted from my/our account on or after the due date.

Applicant signature _____ Date _____
Co-Applicant signature _____ Date _____

Please note: Deposit of funds subsequent to drawing on credit does *not* constitute automatic repayment.

FOR BANK USE ONLY

Branch _____ By _____ Date Received _____
Approved by _____ Date _____ Counter Offer Made _____ (Date) (Initials)
Denied by _____ Date _____ Reason for Denial/Counter Offer _____
Denied by _____ Date _____