

Cash Reserve Advantage

PERSONAL OVERDRAFT PROTECTION LINE OF CREDIT



REQUEST INFORMATION

Checking Account Number _____
 Requested Credit Limit \$ _____
 Requested Credit Limit Increase to \$ _____
 (For existing Cash Advantage Reserve Account)

I/We are applying for:
 Individual credit Joint credit*
 * If you intend to apply for joint credit, please initial below:
 (Applicant's initials) _____ (Co-Applicant's initials) _____

APPLICANT INFORMATION (Please print)

Last Name	First Name	Middle Initial	Date of Birth	Social Security No.	No. of Dependents	Home Phone ()	Business Phone ()
Home Address (No., Street, City, State, Zip Code)					How Long at this 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 Long?	Previous Employer			How Long?
Address (Present Employer)				Address (Previous Employer)			
Position (Present Employment)				Position (Previous Employment)			
Gross Salary (Income verification may be required) <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$ _____				Gross Salary (Income verification may be required) <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$ _____			
(Need not be revealed if you do not 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			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	Date of Birth	Social Security No.	No. of Dependents	Home Phone ()	Business Phone ()
Home Address (No., Street, City, State, Zip Code)					How Long at this 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 Long?	Previous Employer			How Long?
Address (Present Employer)				Address (Previous Employer)			
Position (Present Employment)				Position (Previous Employment)			
Gross Salary (Income verification may be required) <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$ _____				Gross Salary (Income verification may be required) <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year \$ _____			
(Need not be revealed if you do not 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			Relative's Phone ()

PLEASE PROVIDE SOME FINANCIAL INFORMATION ABOUT YOURSELF AND ANY CO-APPLICANT

Do you <input type="checkbox"/> Own or <input type="checkbox"/> Rent? Monthly mortgage or rent payment \$ _____ <input type="checkbox"/> Other (Please explain): _____	Mortgage Holder or Landlord Name & Address _____ Mortgage Balance \$ _____ Present Property Value \$ _____
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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 _____
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AREA BELOW FOR BANK USE ONLY

Form of Identification (Applicant)	I.D. Issued by	I.D. Number	Issue Date	Expiration Date
Form of Identification (Co-Applicant)	I.D. Issued by	I.D. Number	Issue Date	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 holders if original documentation was not obtained with the opening of a previous account. In all cases, protection of our customers' identity and confidentiality is our pledge to you. Cash Advantage Reserve LOC Application (Rev. 7/09)