



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)

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)

Las Name	Firs Name	Middle initial	Date of Birth	Social Security No	No of Dependents	Home Phone ()	Business Phone ()
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Home Address (No Street City State Zip Code)	How long at this address?	Mother's Maiden Name
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Previous Home Address [If less than 2 years] (No Street City State Zip Code)	How long at this address?	City of Birth
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Present Employer	How Long?	Previous Employer	How Long?
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Address (Present Employer)	Address (Previous Employer)
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Position (Present Employment)	Position (Previous Employment)
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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 \$ _____
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(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
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Name of nearest relative not living with you	Relationship	Relative's Address	Relative's Phone ()
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CO-APPLICANT INFORMATION (If property ownership or rental information is not the same, applicant and joint applicant should complete a separate application)

Las Name	Firs Name	Middle initial	Date of Birth	Social Security No	No of Dependents	Home Phone ()	Business Phone ()
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Home Address (No Street City State Zip Code)	How long at this address?	Mother's Maiden Name
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Previous Home Address [If less than 2 years] (No Street City State Zip Code)	How long at this address?	City of Birth
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Present Employer	How Long?	Previous Employer	How Long?
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Address (Present Employer)	Address (Previous Employer)
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(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
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Name of nearest relative not living with you	Relationship	Relative's Address	Relative's Phone ()
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PLEASE PROVIDE SOME FINANCIAL INFORMATION ABOUT YOURSELF AND ANY CO-APPLICANT

Do you Own or Rent? Monthly mortgage or rent payment \$ _____
 Other (Please explain)

Mortgage Holder or Landlord Name & Address

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, or for the purpose of making 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)	Issued by	ID Number	Issue Date	Expiration Date
Form of Identification (Co Applicant)	Issued by	ID Number	Issue Date	Expiration Date