

Winchester Savings Bank

Incorporated 1871

661 MAIN STREET, WINCHESTER, MA 01890

The processing time for an **Automobile Refinance Application** is approximately 48 hours. The closing appointment is scheduled upon approval.

Please submit the following:

- Completed and signed application
- Current evidence of income. This may include:
 - Paycheck stub
 - Two years federal income tax return
 - Statements - social security, investment accounts, etc.
- A copy of the current registration.
- Account information or statement from current lender.

At the loan closing the following must be submitted:

- An Insurance Binder naming Winchester Savings Bank as loss payee, with a maximum deductible of \$500.00
- Personal check made payable to the RMV for the title change fee.

All the items listed above are necessary to process the application in a timely manner. Please be sure to have all required items before submitting your application to the bank. Please contact our Consumer Loan Department if you have any questions.

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 for you: When you open an account, we will ask 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.

WINCHESTER SAVINGS BANK

WINCHESTER:

661 Main Street (781) 729-2130
278 Washington Street (781) 729-2370

WOBURN:

344 Cambridge Road (781) 933-9400
573 Main Street (781) 938-7372

DATE _____

INDIVIDUAL
 JOINT*

AMOUNT APPLIED FOR \$ _____

INTERVIEWER: _____

PAYABLE IN _____ MONTHLY INSTALMENTS

LOAN TYPE: _____

(purpose)

-IF THIS IS TO BE A JOINT APPLICATION FOR CREDIT, EACH APPLICANT MUST COMPLETE AND SIGN A SEPARATE APPLICATION.

NAME (please print) LAST		FIRST		INITIAL	DATE OF BIRTH	S.S. NUMBER	NO. DEPENDENTS
HOME ADDRESS					CITY	STATE	ZIP
PHONE NO.	HOW LONG AT ADDRESS		PREVIOUS ADDRESS			NO. OF YEARS	
NEAREST RELATIVE NOT LIVING WITH ME				ADDRESS		TELEPHONE NO.	
BANK ACCOUNTS WITH							CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>

EMPLOYED BY		POSITION		MONTHLY GROSS PAY		\$																																				
ADDRESS (NUMBER) (STREET) (CITY) (STATE)		YEARS THERE																																								
BUSINESS PHONE		PREVIOUS EMPLOYER		YEARS THERE																																						
ADDRESS (NUMBER) (STREET) (CITY) (STATE)																																										
NOTE: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.					TOTAL OTHER MONTHLY INCOME		\$																																			
OTHER INCOME: SOURCE:																																										
LANDLORD NAME AND ADDRESS					TOTAL MONTHLY INCOME →		\$																																			
ARE YOU OBLIGATED TO PAY ALIMONY/CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY PAYMENT \$ _____ AND ARE THERE ANY UNSATISFIED JUDGEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO																																										
LIVING FACILITIES <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> LIVE WITH RELATIVES		MORTGAGE ORIGINAL AMOUNT \$		MORTGAGE BALANCE \$		MONTHLY RENT OR MORTGAGE PAYMENT	\$																																			
HOME PURCHASE PRICE		MORTGAGE HELD BY: BANK		TITLE IN NAME OF:		MORTGAGE NO.																																				
AUTOMOBILE OWNED: YEAR AND MAKE		FINANCED BY		BALANCE OWED		MONTHLY AUTOMOBILE PAYMENTS	\$																																			
<p style="text-align: center;">OPTIONAL REQUEST FOR AUTOMATIC DEDUCTION:</p> <p>IF MY/OUR APPLICATION FOR A CONSUMER LOAN IS APPROVED BY THE BANK, I/WE REQUEST THE BANK TO AUTOMATICALLY DEDUCT FROM MY/OUR FOLLOWING DESIGNATED NOW OR CHECKING ACCOUNT ON THE DUE DATE EACH MONTHLY ANY PAYMENT DUE ON SUCH CONSUMER LOAN. MY/OUR CHECKING ACCOUNT # IS _____</p> <p style="text-align: center;">DEBTS & CREDIT INFORMATION</p> <p>DEBTS & CREDIT REFERENCES: INCLUDE ALL CHARGE ACCOUNTS, BANK AND OTHER CREDIT CARDS, LOANS FROM BANKS, FINANCE COMPANIES, CREDIT UNIONS, ETC., AND OTHER CREDIT FOR WHICH YOU ARE OBLIGATED OR WHICH YOU ARE AUTHORIZED TO USE. USE REVERSE SIDE IF NECESSARY. INDICATE BY CHECKING THE APPROPRIATE BOX(ES) IF THE REFERENCE IS FOR THE APPLICANT, CO-APPLICANT, OR BOTH.</p> <p>TO INSURE YOUR PROTECTION UNDER FEDERAL LAW: IF ADDITIONAL SPACE IS NEEDED, ATTACH STATEMENT OF SUCH INFORMATION.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TO WHOM OWED</th> <th>IND. JT.</th> <th>ADDRESS</th> <th>ACCOUNT #</th> <th>UNPAID BALANCE</th> <th>MONTHLY PAYMENT</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr> <tr><td>2.</td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr> <tr><td>3.</td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr> <tr><td>4.</td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr> <tr><td>5.</td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr> </tbody> </table>							TO WHOM OWED	IND. JT.	ADDRESS	ACCOUNT #	UNPAID BALANCE	MONTHLY PAYMENT	1.				\$	\$	2.				\$	\$	3.				\$	\$	4.				\$	\$	5.				\$	\$
TO WHOM OWED	IND. JT.	ADDRESS	ACCOUNT #	UNPAID BALANCE	MONTHLY PAYMENT																																					
1.				\$	\$																																					
2.				\$	\$																																					
3.				\$	\$																																					
4.				\$	\$																																					
5.				\$	\$																																					
FAILURE TO LIST ALL OUTSTANDING DEBTS MAY DISQUALIFY THIS APPLICATION.					TOTAL MONTHLY PAYMENTS →		\$																																			

I hereby certify that all of the above statements are true and complete and are made for the purpose of obtaining credit from the above named Bank for the amount and purpose as stated. I further authorize the Bank to obtain information concerning statements herein from any credit bureau or other institution listed as a reference above or listed as a grantor or credit to the undersigned at any credit bureau. I understand that if the Bank approves my request that I shall be furnished a copy of all agreements signed with the Bank stating all Terms and conditions.

The Bank shall have a lien on and option to set off and apply all deposits, credits and other property of the Debtor(s) and Endorser(s) now or hereafter in its possession or control against this and any other indebtedness of any of them, through unmatured, and without notice, as permitted by law.

MY TOTAL OUTSTANDING INDEBTEDNESS AT THIS PRESENT TIME DOES NOT EXCEED \$ _____

SIGNATURE OF APPLICANT _____ INITIAL _____

PLEASE FILL IN ALL INFORMATION IN APPROPRIATE SECTION

DESCRIBE	STOCK(S)	BOND(S)	SAVINGS ACCOUNT(S) OR OTHER COLLATERAL PLEDGED

DESCRIBE MOTOR VEHICLE, OR OTHER CONSUMER GOODS SECURING THIS LOAN.

NEW OR USED	YEAR	MAKE AND MODEL	TYPE NUMBER	VEHICLE IDENT.

PURCHASED FROM _____	CASH PRICE \$ _____
ADDRESS _____	DOWN PAYMENT CASH \$ _____
INSURED BY _____	TRADE-IN \$ _____
MAKE AND YEAR _____	TOTAL DOWN PAYMENT \$ _____
ADDRESS _____	AMOUNT FINANCED \$ _____
IN WHAT NAME WILL THE VEHICLE BE REGISTERED? _____	

FILL OUT COMPLETELY