

Winchester Savings Bank

Incorporated 1871

661 MAIN STREET, WINCHESTER, MA 01890

CONSUMER LENDING DEPARTMENT

FACSIMILE NUMBER (781) 721.2879

The processing time for a **Personal Loan or an Overdraft protection /Line of Credit Application** is approximately 48 hours. The closing appointment is scheduled upon approval.

Please submit the following:

- Completed and signed application
- Current payroll stub, Federal Tax Return if you are self-employed, or other evidence of income.

All the items listed above are requested for specific reasons and 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

INDIVIDUAL
 JOINT*

DATE _____

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? YES NO MONTHLY PAYMENT \$ _____
 HAVE YOU DECLARED BANKRUPTCY IN THE PAST 10 YEARS? YES NO IF YES, WHAT YEAR _____ AND ARE THERE ANY UNSATISFIED JUDGEMENTS?
 YES NO

LIVING } <input type="checkbox"/> RENT <input type="checkbox"/> OWN	MORTGAGE ORIGINAL AMOUNT	MORTGAGE BALANCE	MONTHLY RENT OR MORTGAGE PAYMENT	\$
FACILITIES } <input type="checkbox"/> LIVE WITH RELATIVES	\$	\$		
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	\$
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OPTIONAL REQUEST FOR AUTOMATIC DEDUCTION:
 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 MONTH ANY PAYMENT DUE ON SUCH CONSUMER LOAN. MY/OUR CHECKING ACCOUNT # IS _____

DEBTS & CREDIT INFORMATION
 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.
 TO INSURE YOUR PROTECTION UNDER FEDERAL LAW: IF ADDITIONAL SPACE IS NEEDED, ATTACH STATEMENT OF SUCH INFORMATION.

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 →	\$
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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 unmaturred, 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 \$ _____
ADDRESS _____	MAKE AND YEAR _____
IN WHAT NAME WILL THE VEHICLE BE REGISTERED? _____	TOTAL DOWN PAYMENT \$ _____
	AMOUNT FINANCED \$ _____

FILL OUT COMPLETELY