



Overdraft Line of Credit

Rates are Subject to Change Without Notice

Please contact Consumer Lending for additional information: 781/729-2130

- **Consumer Application** (signed, completed). Submit to any branch, or FAX: 781/721-2879
- **Credit Score:** minimum of 690
- **Evidence of Income:** No Income Documentation required

Product description:

APR: 15.75%

Lines from \$1,000 - \$5,000

Repayment: Monthly payments, interest only

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.

661 Main Street, Winchester, MA 01890 781/ 729-2130 Fax: 781/ 721-2879 www.winchestersavings.com

The more you know,
the safer your money.



Date _____ Amount \$ _____

Payable In _____ Monthly Installments

Purpose _____

Interviewer _____

Individual Joint* Loan Type _____



STRENGTH. SERVICE. COMMUNITY.

CONSUMER LOAN APPLICATION

***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	S.S. Number	Date of Birth
Home Address (Street/City/State/Zip)					No. Dependents
Phone	How Long At Address	Previous Address		<input type="checkbox"/> No. of Years	
Nearest Relative Not Living With Me			Address		Phone

Bank Accounts With

Employed By		Position		Monthly Gross Pay	\$
Address				Years There	
Business Phone	Previous Employer		Years There		
Address					
<input type="checkbox"/> 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 & 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 What Year? _____ And are there any unsatisfied judgements? Yes No					
Living Facilities } Rent Live With Relatives	Own	Mortgage Original Amount	Mortgage Balance	Monthly Rent Or Mortgage Payment	\$
		\$	\$		
Home Purchase Price \$		Mortgage Held By Bank	Title In Name Of:	Mortgage No	
Vehicle Owned: Year/Make		Financed By	Balance \$	Monthly Vehicle Payment	\$
OPTIONAL REQUEST FOR AUTOMATIC DEDUCTION If this application is approved by the Bank, I/we request the monthly payment be deducted from my/our Winchester Savings Bank deposit account # _____.					
DEBTS & CREDIT INFORMATION Include all accounts currently carrying a balance (credit, store & bank charge card, loans from banks, finance companies, credit unions, etc.). Also 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 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
1.					\$
2.					\$
3.					\$
4.					\$
My Total Outstanding Obligations Do Not Exceed \$ _____				Total Monthly Obligations → \$	

I hereby certify that all of the above statements are true and complete and are made for the purpose of obtaining credit from Winchester Savings Bank (the "Bank"). I authorize the Bank, in connection with this application and any credit renewals or extensions and any collection activities to obtain further credit and employment information from any source, including without limitation any consumer credit reporting agency or any financial institution or employer listed above or identified in a credit report as a grantor of credit to me. I also authorize the Bank to provide information to others in accordance with applicable law about the Bank's credit experience with me. I understand the Bank will retain this credit application whether or not it is approved.

"Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specific credit transactions or accounts); any participation fee charged (other than certain participation fees for a credit card account)."

Signature of Applicant

