

CHECKING ACCOUNT OVERDRAFT LINE OF CREDIT APPLICATION

Please mail or return the completed application to any Winter Hill Bank office. Upon approval of your application, we will notify you of your overdraft protection limit.

NOTE: In order to qualify for consideration for an Overdraft Line of Credit, you must have a Winter Hill Bank personal checking account.

ALL ACCOUNT OWNERS NAMED ON THE LINKED NOW/CHECKING ACCOUNT MUST COMPLETE AND SIGN THIS APPLICATION.

PERSONAL INFORMATION APPLICANT:

Name	(First)	(Middle Initial)	(Last)
			()
Date of Birth	Social Security No.		Home Phone
Street Address			
City	State		Zip
Own, Rent, or Live w/ Parents	Years & Months There	No. of Dependents	
Previous Address			Years & Months There
Current Employer			Years & Months There
Employer Address			
()			
Business Phone	Position	Gross Monthly Salary	
Previous Employer and Address			Years & Months There
Mothers Maiden Name:			

PERSONAL INFORMATION CO-APPLICANT:

Name	(First)	(Middle Initial)	(Last)
			()
Date of Birth	Social Security No.		Home Phone
Street Address			
City	State		Zip
Own, Rent, or Live w/Parents	Years & Months There	No. of Dependents	
Previous Address			Years & Months There
Current Employer			Years & Months There
Employer Address			
()			
Business Phone	Position	Gross Monthly Salary	
Previous Employer and Address			Years & Months There
Mothers Maiden Name:			

OTHER INCOME: Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

Description	Amount \$
Description	Amount \$

Description	Amount \$
Description	Amount \$

BANKING INFORMATION APPLICANT:

Checking Account Bank	Account Number	Balance
Savings Account Bank	Account Number	Balance

BANKING INFORMATION CO-APPLICANT:

Checking Account Bank	Account Number	Balance
Savings Account Bank	Account Number	Balance

CREDIT REFERENCES APPLICANT AND CO-APPLICANT: Please list all debts currently owed, including Banks, Finance Companies, Stores, and Credit Cards. If none, enter paid credit references. Please indicate if the reference is for the applicant, co-applicant, or both by checking the appropriate line. Failure to disclose all debts may result in disqualification of this application. (ATTACH SEPARATE SHEET IF NECESSARY.)

Creditor	Account Number	Original Amount	Unpaid Balance	Mortgage or Rent Payment	Account in Name of:	
					Applicant	Co-Applicant
Mortgage Bank or Landlord Name						
Auto Loan						
Other						
Other						
Other						
Other						

Are you obligated to pay alimony, child support or separate maintenance? YES, \$ _____/month NO

