

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

NOW/CHECKING OVERDRAFT PROTECTION APPLICATION

APPLICANT SIGNATURE (S): I/We certify that the information stated in this application is true and accurate. This application will remain the property of the Bank. I/We authorize the Bank to obtain any credit and employment information that it requires in connection with this application, credit renewals, extensions and any collection activities and to provide information to others about the Bank's credit experience with me/us. I/we agree to be bound by all terms and conditions in the NOW/Checking Overdraft Protection Line of Credit Agreement, a copy of which will be provided to me/us if the Bank approves this application.

We intend to apply for joint credit _____
Applicant Co-Applicant

 Signature of Applicant Date

 Signature of Co-Applicant Date

For Bank Use Only

Date Rec. _____ Date Approved _____ Approved by _____

Credit Line Amount \$ _____

YOUR WINTER HILL BANK RATES AND FEES FOR OVERDRAFT PROTECTION

**In order to quickly and completely evaluate
 your Overdraft Line of Credit request**

**Please submit the following items with your
 completed application**

Copies of

- Recent paystubs(s) for (all) applicant(s) for the last month.
- W-2 forms received from all employers last year.
- If any applicant derives income from commissions, self-employment or owns any real estate, copies of the most recent signed personal and/or corporate income tax returns must be submitted.
- Recent mortgage billing statement, if applicable.
- Recent cancelled rent checks, front and back, if applicable.

Note: Other documentation may be required due to your individual circumstances. We will notify you accordingly.

Annual Percentage Rate for Purchases (Fixed)	18% APR
Variable Rate Information	Does Not Apply
Loan Term	60 months
Method for Computing the Balance	Average daily balance method.
Annual Participation Fee	\$20.00
Late Payment Fee	\$10.00 or 10% of the outstanding balance, whichever is less.
Return Check Fee	\$30.00

**The above rates and fees were accurate as of 9/27/17
 and are subject to change.**

You may call us at 1-800-444-4300 for any changes.