



Credit lines available up to \$2500.

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.

Return to any Winter Hill Bank office
or
apply online at
winterhillbank.com

**YOUR WINTER HILL BANK
RATES AND FEES
FOR OVERDRAFT PROTECTION**

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	\$35.00

The above rates and fees were accurate as of 04/27/26 and are subject to change. You may call us at 1-800-444-4300 for any changes.

CORPORATE OFFICE

342 Broadway*
Somerville, MA 02145
617-666-8600

LOAN CENTER

337 Broadway
Somerville, MA 02145
617-629-3304

BRANCH OFFICES

5 Cutter Avenue*
Davis Square
P.O. Box 449105
Somerville, MA 02144
617-629-3300

271 Main Street, Route 28*
North Reading, MA 01864
978-664-6303

****24-Hour A.T.M. Banking & Night Depository***

A Mutual Bank Serving the Community Since 1906



Connecting All Offices and Departments
1-800-444-4300 NMLS#431641
CustomCall Telephone Banking
1-800-796-9020
www.winterhillbank.com

MEMBER FDIC  B1-5WHB04/26

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)
 () ()
 Email Address Cell Phone
 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

() Position Gross Monthly Salary
 Business Phone

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 \$

BANKING INFORMATION 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					

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

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 further credit and employment information from any source 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 _____

PERSONAL INFORMATION CO-APPLICANT:

Name (First) (Middle Initial) (Last)
 () ()
 Email Address Cell Phone
 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

() Position Gross Monthly Salary
 Business Phone

Previous Employer and Address Years & Months There

Mothers Maiden Name:

Description Amount \$

Description Amount \$

BANKING INFORMATION CO-APPLICANT:

Checking Account Bank Account Number Balance

Savings Account Bank Account Number Balance