

PRIVATE OVERDRAFT PROTECTION APPLICATION

AMOUNT OF CREDIT REQUESTING: \$ _____

ACCOUNT CHOICE: INDIVIDUAL
 JOINT
 INCREASE LIMIT

NOTICE APPLICANT(S): ALL SECTIONS SHOULD BE FILLED OUT COMPLETELY, IF NOT, PROCESSING OF YOUR APPLICATION MAY BE DELAYED.

NOTE: A \$25.00 ANNUAL FEE APPLIES

APPLICANT

LAST NAME		FIRST		MIDDLE		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	NUMBER OF DEPENDENTS	TELEPHONE		DO YOU OWN, RENT, OTHER?	MONTHLY PAYMENT \$		
STREET ADDRESS		CITY		STATE	ZIP CODE	HOW LONG (YEARS)	
IF RESIDING AT PRESENT ADDRESS FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING:							
PREVIOUS ADDRESS		CITY		STATE	ZIP CODE	HOW LONG (YEARS)	
EMPLOYER		SELF-EMPLOYED YES NO		TELEPHONE NUMBER		HOW LONG (YEARS)	
ADDRESS OF EMPLOYER		CITY		STATE	ZIP CODE	ANNUAL GROSS INCOME \$	
IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO YEARS OR CURRENTLY EMPLOYED IN MORE THAN ONE POSITION, COMPLETE THE FOLLOWING:							
NAME & ADDRESS OF PREVIOUS EMPLOYER		CITY		STATE	ZIP CODE	HOW LONG (YEARS)	
YOU NEED NOT FURNISH ALIMONY, CHILD SUPPORT OR MAINTENANCE INCOME INFORMATION IF YOU DO NOT WANT US TO CONSIDER IT IN EVALUATION OF YOUR APPLICATION							

SPOUSE/CO-APPLICANT

LAST NAME		FIRST		MIDDLE		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	NUMBER OF DEPENDENTS	TELEPHONE		DO YOU OWN, RENT, OTHER?	MONTHLY PAYMENT \$		
STREET ADDRESS		CITY		STATE	ZIP CODE	HOW LONG (YEARS)	
IF RESIDING AT PRESENT ADDRESS FOR LESS THAN TWO YEARS, COMPLETE THE FOLLOWING:							
PREVIOUS ADDRESS		CITY		STATE	ZIP CODE	HOW LONG (YEARS)	
EMPLOYER		SELF-EMPLOYED YES NO		TELEPHONE NUMBER		HOW LONG (YEARS)	
ADDRESS OF EMPLOYER		CITY		STATE	ZIP CODE	ANNUAL GROSS INCOME \$	
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CREDIT INFORMATION

BANK NAME	CITY	STATE	ZIP CODE
CHECKING ACCOUNT #	SAVINGS ACCOUNT #	LOANS	

ASSETS OWNED (USE SEPARATE SHEET IF NECESSARY)

DESCRIPTION OF ASSETS	VALUE	NAMES OF OWNERS
CASH		
AUTOMOBILES (MAKE, MODEL & YEAR)	\$	
1		
2		
3		
OTHER (BOATS, ATV'S, ETC.)	\$	
1		
2		
CASH VALUE OF LIFE INSURANCE	\$	
	\$	
MARKETABLE SECURITIES: ISSUED, TYPE, SHARES	\$	
TOTAL ASSETS	\$	

OUTSTANDING DEBTS: INCLUDES CREDIT CARDS, RENT, MORTGAGES, ETC. (USE SEPARATE SHEET IF NECESSARY)

CREDITOR	ACCOUNT #	NAME ON ACCOUNT	BALANCE	MONTHLY PAYMENT	PAST DUE
					Y / N
					Y / N
					Y / N
					Y / N
					Y / N

SIGNATURES

I (WE) CERTIFY THAT EVERYTHING I (WE) HAVE STATED IN THIS APPLICATION AND ON ANY ATTACHMENTS IS CORRECT. YOU MAY KEEP THIS APPLICATION WHETHER OR NOT IT IS APPROVED. BY SIGNING BELOW I (WE) AUTHORIZE FIRST COMMERCIAL BANK TO CHECK MY (OUR) CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS OTHERS MAY ASK YOU ABOUT MY CREDIT RECORD WITH YOU. I (WE) UNDERSTAND THAT I (WE) MUST UPDATE CREDIT INFORMATION AT YOUR REQUEST IF MY (OUR) FINANCIAL CONDITION CHANGES.

SIGNER'S SIGNATURE

DATE

SIGNER'S SIGNATURE

DATE

FOR BANK USE ONLY

OFFICER APPROVAL: INITIALS _____ DATE _____

CREDIT BUREAU CHECKED BEACON SCORE _____ INPUT ON JHA _____

FIRST COMMERCIAL BANK

Member
FDIC

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