

Overdraft Protection Application

NOTE: You must have a LCU checking account to apply for LCU Overdraft Protection.

Line Amount Requested (up to \$2,000) \$ _____ Account Number _____

PERSONAL INFORMATION

Applicant

Co-Applicant

 First Name Middle Initial Last Name

 Date of Birth Social Security Number

 Street Address

 City State Zip Code

 Own Rent Home Telephone Business Telephone

 First Name Middle Initial Last Name

 Date of Birth Social Security Number

 Street Address

 City State Zip Code

 Own Rent Home Telephone Business Telephone

EMPLOYMENT INFORMATION

If you do not wish to rely on alimony, child support or separate maintenance, such income need not be revealed.

Applicant

Co-Applicant

 Present Employer Position Years at Job

 Business Street Address Business Telephone

 City State Zip Code

 Gross Weekly Pay

 Previous Employer Position Years at Job

 Other Income Sources Monthly Amount

 Present Employer Position Years at Job

 Business Street Address Business Telephone

 City State Zip Code

 Gross Weekly Pay

 Previous Employer Position Years at Job

 Other Income Sources Monthly Amount

BANKING AND CREDIT INFORMATION

Please list all credit line, installment contracts, charge accounts, educational loans and other credit for which you are liable or authorized to use. Include any loans which you have co-signed. Indicate reference for applicant by checking appropriate box(es). Indicate member banks of all national charge cards such as VISA® or MasterCard®.

Creditor	Account Number	Original Amount	Unpaid Balance	Monthly Payment	Account in the Name of Applicant	Co-Applicant
_____ Mortgage Bank or Landlord Name	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Auto Loan	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Other	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____ Other	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

We intend to apply for joint credit.

Applicant Initials *Co-Applicant Initials*

APPLICANT SIGNATURE(S): This application is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (We) also authorize LCU to verify or obtain further information necessary concerning my (our) credit standing. If this application is approved, I (we) agree to be bound by the terms and conditions of the Overdraft Protection Agreement which governs the terms and conditions of this line of credit agreement, a copy of which will be provided to me (us) with the approval letter. I (We) understand the Annual Percentage Rate is 18%.

 Signature of Applicant Date

 Signature of Co-Applicant Date

**Please complete application and mail to:
 Leominster Credit Union
 Attn: Member Service Department
 20 Adams Street
 Leominster, MA 01453-9900**

FOR INTERNAL USE ONLY

Branch Number _____