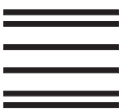
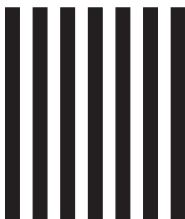


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UNITED STATES



BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY ADDRESSEE

Leominster Credit Union

Attn: Member Service Department
20 Adams Street
Leominster MA 01453-9900



Overdraft Protection

Branches

Leominster

20 Adams Street
Leominster, MA 01453

1316 Main Street
Leominster, MA 01453

Clinton

159 Mechanic Street
Clinton, MA 01510

Holden

715 Main Street
Holden, MA 01520

Sterling

7 Main Street
Sterling, MA 01564

Worcester

137 Shrewsbury Street
Worcester, MA 01604

910 West Boylston Street
Worcester, MA 01606

Be somebody.



6/11

800-649-4646

leominstercu.com



Equal
Opportunity
Lender



 **LCU**
Leominster Credit Union

Overdraft Protection

Peace of Mind with Leominster Credit Union

Let's face it - overdrafts on your checking account can be embarrassing, costly and time-consuming to straighten out. You have better ways to spend your time and money. Avoid the hassles, and write checks with peace of mind when you have Overdraft Protection from Leominster Credit Union.

Easy, No-Fee Overdraft Protection

Overdraft Protection is easy, and there are no annual fees and no application fees. If you qualify, you could receive a line of credit from \$500 - \$2,000 on your checking account. Should you happen to overdraw your account, no problem. An automatic transfer takes place and covers your overdraft up to your line limit.

Simple Repayment Plans*

Each month that your overdraft line has a balance, you will receive a statement. You pay 5% of the outstanding balance, or \$20, whichever is greater. As you pay down your line, the funds become available to you again and again - for as long as you like.

Apply Today for Quick Approval

Apply today for Overdraft Protection from Leominster Credit Union. Simply fill out the attached application and return it to us. We guarantee quick approval.

*Annual Percentage Rate (APR) of 18% charged on the outstanding overdraft balance. Automatic overdraft transfers are made in the exact amount of the overdraft.

Be somebody.

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 _____

Applicant Personal Information

Applicant

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Own Home Telephone _____ Cell Phone _____

Rent Email _____

Co-Applicant

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Own Home Telephone _____ Cell Phone _____

Rent Email _____

Employment Information

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

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 _____

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 _____

Primary Mortgage/Landlord Information

Mortgage Bank or Landlord Name _____ Original Amount _____ Unpaid Balance _____ Monthly Payment _____

Account in the Name of Applicant Co-Applicant

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 _____

FOR INTERNAL USE ONLY

Branch Number _____