

Cash Reserve Application

State Bank of Lizton

(see disclosure)

Rev. 03/23/2015

Require W-2s and 2 most recent paystubs for each applicant. If self employed, provide two (2) years signed tax returns. If retired, verification of pension and social security is required.

Amount Requested: _____

Collateral: _____

Name(s) on Collateral: _____

DDA Account Number: _____

If you are applying for credit in your name only, do not complete portion on co-applicant. An incomplete or unsigned application will delay processing. If this is an application for joint credit with another person, complete all sections, providing information about the co-applicant.

We intend to apply for joint credit (please initial)

Applicant

Co-Applicant

Applicant Information (Please print clearly)

Name (Last, First, Middle):		Years at current address:	Do you have a Checking Account: Acct. #:	
Present Address:		City:	State:	Zip:
Home Phone:	Date of Birth:	Social Security Number:	Number of Dependents:	Mother's Maiden Name:
Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Live with parents	Mortgage/Rent Payment: \$	Driver License #	State of Issue:	

Employment and Income

- (Notice: alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation)

Current Employer (or Source of Income):	Emp. Date	Position:	Business Phone:
Gross Monthly Pay: (before tax):	*Other Source of Income:	\$	Per:

Co-Applicant Information

- (Notice: alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation)

Name (Last, First, Middle):	Home Phone:	Date of Birth:	Social Security Number:
Present Address:	City:	State:	Zip:
Current Employer (or Source of Income):	Emp. Date:	Position:	Business Phone:
Gross Monthly Pay (before taxes):	*Other Source of Income:	\$	Per:
Social Security Number:	Driver License #:	State of Issue:	

Reference:

Name (Last, First, Middle):	Address:	Relationship:
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By signing below, I understand that in extending credit, I am relying on my application, which I represent as true and complete. I am authorizing the bank to check my credit standing, salary, and employment from time to time.

Applicant's Signature:	Date	Co-Applicant's Signature:	Date
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Notice
Customer Identification Notice

Federal regulations enacted pursuant to Section 326 of the USA Patriot Act require all financial institutions to verify the identity of every person who seeks to open an account or become a signatory on an account with the institutions after October 1, 2003. All persons are subject to the identity verification requirements even though they may be a long term customer and well known to the institution.

For the purpose of the regulation, an account includes every formal banking relationship that entails ongoing services, dealings, or transactions. Some examples are a deposit account, loan, trust relationship or safe deposit rental.

If you request to open an account or become a signatory on an account with State Bank of Lizton, and State Bank of Lizton has not verified your identity under the new regulatory requirements, State Bank of Lizton will request documentary verification of your identity such as a drivers license or passport. Similar identification requirements apply to business entities, such as corporations and partnership.

State Bank of Lizton is required to retain a copy of any document it relied upon to verify your identity.