

WATERTOWN SAVINGS BANK

111 CLINTON STREET - WATERTOWN, NY 13601 (315) 788-7100

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Part III, below, about the Joint Applicant or User.
We intend to apply for Joint Credit.

Applicant

Co-Applicant

CREDIT APPLICATION

IMPORTANT: Lender/Dealer Must Complete Part I Before applicant Completes Application.

CHECK APPLICABLE BOX INDIVIDUAL ACCOUNT - SECURED INDIVIDUAL ACCOUNT - UNSECURED JOINT ACCOUNT
 AUTHORIZED USER INDIVIDUAL ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)

DATE AMOUNT REQUESTED TERM PAYMENT DATE DESIRED PROCEEDS OF LOAN TO BE USED FOR

APPLICANT INSTRUCTIONS - **PERSONAL** Part II Must Be Completely Filled in Except For Shaded Areas Which Are Optional.

TITLE MS. MISS MR. MRS. NAME LAST FIRST MIDDLE NO. OF DEP. DATE OF BIRTH

ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS SOCIAL SECURITY NUMBER

FORMER ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE YEARS RESIDENCE PHONE

ARE YOU A U.S. CITIZEN? YES NO IF NO, DESCRIBE IMMIGRATION STATUS DO NOT COMPLETE IF THIS APPLICATION IS FOR INDIVIDUAL UNSECURED CREDIT. MARRIED SEPARATED UNMARRIED (INC. SINGLE, DIVORCED, WIDOWED)

YOUR JOB PRESENT EMPLOYER POSITION NO. YEARS THERE WAGES \$ WEEKLY BI-WEEKLY MONTHLY

ADDRESS NO. & STREET CITY STATE ZIP CODE BADGE NO. BUSINESS PHONE

FORMER EMPLOYER (IF LESS THEN 3 YEARS) ADDRESS

OPTIONAL INCOME Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit. \$ VERIFICATION REQUIRED MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

ADDITIONAL INCOME INVESTMENT INCOME \$ MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

FINANCIAL CHECKING ACCOUNT - BANK BRANCH LOCATION SAVINGS ACCOUNT - BANK BRANCH LOCATION

DEBTS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE ENDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT. USE EXTRA SHEET IF NECESSARY.

| CREDITOR | MONTHLY PAYMENT | PRESENT BALANCE | CREDITOR | MONTHLY PAYMENT | PRESENT BALANCE |
|-----------------------------|--|-----------------|----------|-----------------|-----------------|
| LANDLORD OR MORTGAGE HOLDER | <input type="checkbox"/> RENT <input type="checkbox"/> OWN | | | | |
| 1 | | | 4 | | |
| AUTO - LIENHOLDER | | | | | |
| 2 | | | 5 | | |
| 3 | | | 6 | | |

OTHER OBLIGATIONS NO. OF DEPENDENTS AND THEIR AGES TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$

CREDIT REFERENCES 1 3 2 4

PREVIOUS CREDIT I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME NAME CREDITOR YEAR

ARE YOU A CO-MAKER, ENDORSER OR GARANTOR ON ANY LOAN OR CONTRACT? YES NO IF "YES," FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? YES NO OMIT IF MORE THAN 7 YEARS AMOUNT \$ IF "YES" TO WHOM OWED?

WERE YOU EVER BANKRUPT? YES NO OMIT IF MORE THAN 10 YEARS IF "YES" WHERE? YEAR

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU ADDRESS PHONE

DESCRIPTION OF PROPERTY SECURING CREDIT (IF APPLICABLE)

PART I

PART II

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PART III - CO-APPLICANT / USER: PERSONAL To Be Checked by Lender.

JOINT ACCOUNT
 AUTHORIZED USER
 INDIVIDUAL ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)

Co-Applicant / User Instructions Must Be Completely Filled In Except for Shaded Areas Which Are Optional.

| | | | | | | | | | |
|---|--|--|-----------|-------|--------|-------------|---------------|-------|------------------------|
| TITLE <small>OPTIONAL</small> | <input type="checkbox"/> MS. <input type="checkbox"/> MR. | <input type="checkbox"/> MISS <input type="checkbox"/> MRS. | NAME LAST | FIRST | MIDDLE | NO. OF DEP. | DATE OF BIRTH | | |
| ADDRESS | | NO. & STREET | | CITY | COUNTY | STATE | ZIP CODE | YEARS | SOCIAL SECURITY NUMBER |
| FORMER ADDRESS | | NO. & STREET | | CITY | COUNTY | STATE | ZIP CODE | YEARS | RESIDENCE PHONE |

| | | | | | | | |
|--|------------------|--------------|-----------------|-------|--------------------------------|-----------|----------------|
| YOUR JOB | PRESENT EMPLOYER | POSITION | NO. YEARS THERE | WAGES | WEEKLY BI-WEEKLY MONTHLY | | |
| ADDRESS | | NO. & STREET | CITY | STATE | ZIP CODE | BADGE NO. | BUSINESS PHONE |
| FORMER EMPLOYER (IF LESS THEN 3 YEARS) | | | ADDRESS | | | | |

| | | | | | |
|------------------------|---|----------|---|---------------------------|--------|
| OPTIONAL INCOME | Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit. | \$ _____ | VERIFICATION REQUIRED MONTHLY QUARTERLY | SEMI-ANNUALLY ANNUALLY | SOURCE |
|------------------------|---|----------|---|---------------------------|--------|

| | | | | |
|--------------------------|----------------------|--|---|--------|
| ADDITIONAL INCOME | INVESTMENT INCOME \$ | <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY | <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY | SOURCE |
|--------------------------|----------------------|--|---|--------|

| | | | | |
|------------------|-------------------------|-----------------|------------------------|-----------------|
| FINANCIAL | CHECKING ACCOUNT - BANK | BRANCH LOCATION | SAVINGS ACCOUNT - BANK | BRANCH LOCATION |
|------------------|-------------------------|-----------------|------------------------|-----------------|

DEBTS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE ENDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT. USE EXTRA SHEET IF NECESSARY.

| CREDITOR | RENT OWN | MONTHLY PAYMENT | PRESENT BALANCE | CREDITOR | MONTHLY PAYMENT | PRESENT BALANCE |
|-----------------------------|--------------------------|-----------------|-----------------|----------|-----------------|-----------------|
| LANDLORD OR MORTGAGE HOLDER | <input type="checkbox"/> | | | | | |
| 1 | | | | 4 | | |
| AUTO - LIENHOLDER | | | | | | |
| 2 | | | | 5 | | |
| 3 | | | | 6 | | |

| | | |
|-------------------|----------------------------------|--|
| OTHER OBLIGATIONS | NO. OF DEPENDENTS AND THEIR AGES | TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$ |
|-------------------|----------------------------------|--|

| | | |
|-------------------|---|---|
| CREDIT REFERENCES | 1 | 3 |
| | 2 | 4 |

| | | | |
|-----------------|------|----------|------|
| PREVIOUS CREDIT | NAME | CREDITOR | YEAR |
|-----------------|------|----------|------|

ARE YOU A CO-MAKER, ENDORSER OR GARANTOR ON ANY LOAN OR CONTRACT? YES NO IF "YES" FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? YES NO OMIT IF MORE THAN 7 YEARS AMOUNT \$ IF "YES" TO WHOM OWED?

WERE YOU EVER BANKRUPT? YES NO OMIT IF MORE THAN 10 YEARS IF "YES" WHERE? YEAR

PART III

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CREDIT INQUIRIES

I/WE AUTHORIZE the Lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I/WE authorize and instruct any person or consumer reporting agency to compile and furnish to the Lender any information it may have or obtain in response to such credit inquiries and agree that same shall your property whether or not credit is extended.

I am/We are hereby notified that a consumer report may be requested in connection with this credit application. If I/we request, I/we will be informed whether or not a consumer report was requested, and if such report was requested, I/we will be informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit.

All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested and any willful misrepresentation on this application could result in criminal action.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial directly to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

COMPLETED BY LENDER:

Identification: _____

Interviewer's Signature _____ Name and/or Title: _____

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FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Consumer

Date

Consumer

Date