

Money Reserve Credit Application

Note: You must have a Checking Account at The Savings Bank in order to apply for Money Reserve Credit.

Account #: _____ If you have a joint account, all signers must complete this application.

If you intend to apply for joint credit, please initial here: _____ Amt. Requested \$ _____
Applicant Co-Applicant

I/We hereby apply to increase my/our credit limit from \$ _____ to \$ _____

Applicant Name (Last)	(First)	(MI)	Co- Applicant Name (Last)	(First)	(MI)
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Date of Birth	SSN	# of Dependents	Date of Birth	SSN	# of Dependents
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Address (Street, City, State, Zip)	Address (Street, City, State, Zip)
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Personal Email Address	Personal Email Address
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Personal Phone #'s: (You authorize us to call you at these numbers regarding any account you maintain with the bank)			
Home	Cell	Home	Cell

Own, Rent, or Live with Parents	Years/Months There	Own, Rent, or Live with Parents	Years/Months There
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Previous Address	Years/Months There	Previous Address	Years/Months There
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Employer	Employer Address	Employer	Employer Address
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Years/Months There	Business Phone	Years/Months There	Business Phone
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Position	Gross Monthly Salary	Position	Gross Monthly Salary
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Previous Employer	Address	Years/Months There	Previous Employer	Address	Years/Months There
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Nearest Relative Not Living With You	Relationship	Nearest Relative Not Living With You	Relationship
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Address (Street, City, State, Zip)	Phone	Address (Street, City, State, Zip)	Phone
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Other Income: You need not disclose income from alimony, child support or separate maintenance unless you wish such income considered in the credit determination.

Source of Income	Monthly Amount	Source of Income	Monthly Amount
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Source of Income	Monthly Amount	Source of Income	Monthly Amount
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Banking Information:

Checking Account Bank	Account #	Balance	Checking Account Bank	Account #	Balance
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Savings Account Bank	Account #	Balance	Savings Account Bank	Account#	Balance
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Mortgage Bank or Landlord Name	Unpaid Balance	Monthly Payment	Mortgage Bank or Landlord Name	Unpaid Balance	Monthly Payment
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Please include (2) recent pay stubs for each applicant.
 Applicant Signature(s): Everything stated in this application is correct. You may retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to provide information to others about your credit experience with me/us. I/We agree that use of my/our account will be subject to your credit agreement and other applicable rules and regulations. I/We understand the Annual Percentage Rate is 18%.

Applicant Signature	Date	Co-Applicant Signature	Date
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Fill out this section to request automatic payment.
 I, the undersigned, authorize the Bank to pay for all or a portion of the debt incurred under my Money Reserve Credit Agreement with the Bank by periodically deducting from my Checking Account the minimum payment required under my Money Reserve Credit Agreement or such larger sums as the Bank and I may agree upon, when the same become due. This authorization shall not extend to any disputed item which I request the Bank not to so pay. You do not have to sign this agreement in order to obtain automatic payment authorization.

Applicant or Co-Applicant Signature	Date
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