

FAX an APP!

Apply today! You can fax this app to
(781) 438-6224 or mail it back to us

OverDraft Protection Application

<p>Applicant (Please Print)</p> <p>Name _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">- Debts - Name</th> <th style="width:15%;">Balance</th> <th style="width:10%;">Mo. Payment</th> </tr> </thead> <tbody> <tr><td>Social Security No. _____</td><td></td><td></td><td></td></tr> <tr><td>Date of Birth _____</td><td></td><td></td><td></td></tr> <tr><td>Address _____</td><td></td><td></td><td></td></tr> <tr><td>City/State/Zip _____</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Home Phone _____ Work Phone _____</p> <p>Employed by: _____</p> <p>Monthly Gross Salary \$ _____</p> <p style="padding-left: 40px;">Full-time _____ Part-time _____</p> <p>Length of Employment: Years _____ Mos. _____</p> <p>*Other Income \$ _____</p> <p>Source of Income: _____</p> <p>Please check one and enter monthly payment amount.</p> <p><input type="radio"/> Mortgage/Own home \$ _____</p> <p><input type="radio"/> Rent \$ _____ per month.</p> <p><input type="radio"/> Live with relative \$ _____ per month</p> <p><small>*Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.</small></p>		- Debts - Name	Balance	Mo. Payment	Social Security No. _____				Date of Birth _____				Address _____				City/State/Zip _____				<p>Co-Applicant (Please Print)</p> <p>Name _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">- Debts - Name</th> <th style="width:15%;">Balance</th> <th style="width:10%;">Mo. Payment</th> </tr> </thead> <tbody> <tr><td>Social Security No. _____</td><td></td><td></td><td></td></tr> <tr><td>Date of Birth _____</td><td></td><td></td><td></td></tr> <tr><td>Address _____</td><td></td><td></td><td></td></tr> <tr><td>City/State/Zip _____</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Home Phone _____ Work Phone _____</p> <p>Employed by: _____</p> <p>Monthly Gross Salary \$ _____</p> <p style="padding-left: 40px;">Full-time _____ Part-time _____</p> <p>Length of Employment: Years _____ Mos. _____</p> <p>*Other Income \$ _____</p> <p>Source of Income: _____</p> <p>Please check one and enter monthly payment amount.</p> <p><input type="radio"/> Mortgage/Own home \$ _____</p> <p><input type="radio"/> Rent \$ _____ per month.</p> <p><input type="radio"/> Live with relative \$ _____ per month</p> <p><small>*Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.</small></p>		- Debts - Name	Balance	Mo. Payment	Social Security No. _____				Date of Birth _____				Address _____				City/State/Zip _____			
	- Debts - Name	Balance	Mo. Payment																																						
Social Security No. _____																																									
Date of Birth _____																																									
Address _____																																									
City/State/Zip _____																																									
	- Debts - Name	Balance	Mo. Payment																																						
Social Security No. _____																																									
Date of Birth _____																																									
Address _____																																									
City/State/Zip _____																																									
<p>(Optional) Life & Disability Insurance - Member Paid</p> <p><input type="radio"/> Single Life</p> <p><input type="radio"/> Single Disability</p> <p><input type="radio"/> Joint Life</p>	<p>For office use only:</p> <p style="text-align: right;">Date Approved: _____</p> <p style="text-align: right;">Disapproved: _____</p> <p>Special Terms/Comments: _____</p>																																								

I/We understand that knowingly making a false statement or willingly overvaluing any land, property or security for the purpose of influencing the action of a federal credit union is a CRIME in violation of section 1014, Title 18, United States Code.

In considering this application, I/We authorize the Credit Union to request and use a report from outside reporting agencies. The Credit Union may also ask a reporting agency or agencies for other such reports in connection with renewal or continuation of the credit for which I/We are applying.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Stoneham Municipal Employees Federal Credit Union

40 Pine Street Stoneham, MA 02180 Phone: (781) 438-3959 WEBSITE: <http://www.smefcu.org>

Guidelines:

- ◆ **Maximum L-O-C Amount:** \$1,500
- ◆ **Interest Rate:** Adjustable APR - See RATE SHEET for the current rate offered
- ◆ **Minimum Monthly Payment:** \$50 (Note: Only applies if there is a balance)
- ◆ **Due Date:** First Day of each month