

Cash Reserve Overdraft Line of Credit Application

Date of Application:

We intend to apply for joint credit:

Applicant (initial)

Co-Applicant (initial)

Amount Requested:	□\$500
	□\$1,000
	□\$2,000

Checking Account Number:

NOTE: An FNB Bank checking account is required for an overdraft line of credit. All account owners must apply.

APPLICANT							
Name		Social Security Number			Date of Birth		
Address		City		State	_ Zip	How Long?	
	ly Pmt \$	_ Rents – Monthly Rent	\$	Other			
Phone Number		Email Address					
Previous Address (IF AT C	URRENT ADDRESS L	ESS THAN 2 YEARS)	у	State _	Zip	How Long?	
Employer			Position			How Long?	
Address				Gross Salary \$_		per	
Previous Employer	CURRENT EMPLOYE	R LESS THAN 2 YEARS)	Address			How Long?	
Other Income	Per	Source					
NOTE: Alimony, child supp this obligation.	ort or separate ma		be revealed if	-	o have it cons	sidered as a basis for repaying	
Closest Relative not living	with you (other th	an co-applicant) complete	name and a	ddress:			
Name		Address			Rela	tionship	

JOINT APPLICANT: (Complete this section if application is for joint credit)

Name		Social Security Number		Date of Birth			
Address		City		State	Zip	How Long?	
Phone Number		Email Address					
Employer			Position_			How Long?	
Address				Gross Salary \$_		_per	
Other Income	Per	Source					
Court Order NOTE: <i>Alimony, o this obligation.</i>	☐Written Agreement child support or separate m	☐Oral Understanding aintenance income need not i	Other be revealed	if you do not wish	to have it con	sidered as a basis for repayiı	

I/we hereby affirm that the information contained in this application is true, complete and correct and that Lender is relying on this information if it makes the requested loan. Lender is authorized to make any investigation of my/our credit and/or employment status either directly or through any agency employed by Lender.