## ATHOL SAVINGS BANK

## Overdraft Protection Application

☐ Individual Credit	- relying solely on my income or	assets	
☐ Individual Credit	- relying on my income or assets	as well as income or asset	s from other sources
☐ Joint Credit – We	intend to apply for joint credit (	initials)	
Line Amount: (\$100 -	\$ 1,000) \$		
ASB Checking Accou	nt #		
Borrower:		Soc. Sec. #	D.O.B
Address:		Telephone #	
		Email Address	
		How Long at c	urrent address
Employer			
How Long			
Employer Te	lephone #		
*Gross Mont	hly Income \$		
Co- Borrower:		Soc. Sec. #	D.O.B
Address:		Telephone # _	
		Email Address	
		How Long at c	urrent address
Employer			
	lephone #		
*Gross Mont	hly Income \$		
OTHER INCOME \$ _			
* You need not list in for repaying your of		ort or separate maintenance	, if you do not want it considered as a basis
Name of Nearest Rela	tive		
Telephone #			
☐ OWN ☐ RENT	Monthly Rent/Mortgage \$		
TOTAL OTHER MO	NTHLY OBLIGATIONS \$		
signing below, I authorize	you to check my credit and employment ate this credit information at your reque	t history and to answer questions	keep this application whether or not it is approved. By others may ask you about my credit record with you. I changes. I understand that a \$33.00 fee will be assessed
Borrower's Signature			
Co-Borrower's Signatu	ıre		