

Overdraft Protection Application



NOTE: You must have a LCU checking account to apply for LCU Overdraft Protection.

Line Amount Requested (up to \$2,000) \$ _____

Account Number _____

Personal Information

Applicant

First Name	Middle Initial	Last Name

Date of Birth	Social Security Number	

Street Address		

City	State	Zip Code

<input type="checkbox"/> Own	Home Telephone	Cell Phone

<input type="checkbox"/> Rent	Email	

Co-Applicant

First Name	Middle Initial	Last Name

Date of Birth	Social Security Number	

Street Address		

City	State	Zip Code

<input type="checkbox"/> Own	Home Telephone	Cell Phone

<input type="checkbox"/> Rent	Email	

Employment Information

If you do not wish to rely on alimony, child support or separate maintenance, such income need not be revealed.

Applicant

Present Employer	Position	Years at Job

Business Address		Business Telephone

Gross Weekly Pay		

Previous Employer	Position	Years at Job

Other Income Sources		Monthly Amount

Co-Applicant

Present Employer	Position	Years at Job

Business Address		Business Telephone

Gross Weekly Pay		

Previous Employer	Position	Years at Job

Other Income Sources		Monthly Amount

Primary Mortgage/Landlord Information

Mortgage Bank or Landlord Name	Original Amount	Unpaid Balance	Monthly Payment

Account in the name of

Applicant	Co-Applicant
<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT SIGNATURE(S): This application is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (We) also authorize LCU to verify or obtain further information necessary concerning my (our) credit standing. If this application is approved, I (we) agree to be bound by the terms and conditions of the Overdraft Protection Agreement which governs the terms and conditions of this line of credit agreement, a copy of which will be provided to me (us) with the approval letter. I (We) understand the Annual Percentage Rate is 18%.

We intend to apply for joint credit.

Applicant Initials

Co-Applicant Initials

Signature of Applicant

Date

Signature of Co-Applicant

Date

FOR INTERNAL USE ONLY

Branch Number _____