



Savers Bank

270 Main St. P. O. Box 250 Southbridge, MA 01550

Thank you for banking with Savers Bank, where every relationship counts.

Please complete, sign and mail, fax, or drop off at any of our convenient offices listed below.

Southbridge	270 Main Street P.O. Box 250 Southbridge Ma. 01550	Phone: 508-764-4329 Fax: 508-765-2322
Auburn	38 Auburn Street Auburn Ma. 01501	Phone: 508-832-3251 Fax: 508-832-4601
Uxbridge	6 North Main Street Uxbridge Ma. 01569	Phone: 508-278-2426 Fax: 508-278-3084
Grafton	96 Worcester Street P.O. Box 379 Grafton Ma. 01519	Phone: 508-839-6901 Fax: 508-839-4844
Charlton	90 Worcester Road Charlton Ma. 01507	Phone: 508-248-4255 Fax: 508-248-4257
Sturbridge	55 Main Street Sturbridge Ma. 01507	Phone: 508-347-1090 Fax: 508-347-1092

SAVERS BANK PERSONAL LOAN APPLICATION

Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/We hereby make application for credit		<input type="checkbox"/> Individually		<input type="checkbox"/> Jointly							
Type of Loan Requested: (Please provide a brief description of the use of the funds to be borrowed)											
<input type="checkbox"/> Personal Loan:					<input type="checkbox"/> Line of Credit						
<input type="checkbox"/> Auto or Other Loan Please Describe Auto, Boat, Appliance Etc.			Make	Yr.	Model	Sale Price	Down Payment	Seller's Name			
Please List your Insurance Broker's Name & Address				VIN #			Trade-in Make, Year, Model				
Amount Requested \$				Number of Monthly Payments			Trade Allowance				
I would like the following insurance coverage: <input type="checkbox"/> Credit Life					TMS <input type="checkbox"/> Yes <input type="checkbox"/> No						
APPLICANT I					APPLICANT II						
Name					Name						
Residential Address			Years There		Residential Address			Years There			
Mailing Address					Mailing Address						
City / State / Zip			Phone		City / State / Zip			Phone			
Mortgage Bank / Landlord			Mtg. Payment/ Rent		Mortgage Bank / Landlord			Mtg. Payment/ Rent			
Previous Address (if less than 2 Yrs. at current address)			Years There		Previous Address (if less than 2 Yrs. at current address)			Years There			
Date of Birth		Social Security No.		No. of Dependents		Date of Birth		Social Security No.			
Personal Reference & Address					Personal Reference & Address						
Current Employer					Current Employer						
Business Address			Phone		Business Address			Phone			
Position		Years There		Monthly Pay \$		Position		Years There			
Previous Employer (if less than 2 Yrs. at current employer)			Years There		Previous Employer (if less than 2 Yrs. at current employer)			Years There			
Other Income Source (You are not required to reveal income from child support, alimony or separate maintenance payments)			Amount \$		Other Income Source (You are not required to reveal income from child support, alimony or separate maintenance payments)			Amount \$			
BANK NAME		ACCOUNT #		BALANCE		BANK NAME		ACCOUNT #			
Checking Account						Checking Account					
Savings Account						Savings Account					
Other Account						Other Account					
CREDIT INFORMATION (APPLICANTS I & II)											
Show all auto loans, charge accounts, installment debts, education loans, or any other obligations for which you are singly or jointly liable or which you are authorized to use. Attach separate sheet if necessary. Failure to list open loans could disqualify this application.											
Indicate name(s) in which debts or accounts appear CREDITOR NAME AND ADDRESS				ACCOUNT NUMBER	ORIGINAL AMT CREDIT LINE	UNPAID BALANCE	MONTHLY PAYMENT				
1.											
2.											
3.											
OTHER FIXED MONTHLY OBLIGATIONS (including alimony and child support) DESCRIPTION:											
I/We certify that all statements made in this application are true and correct to the best of my/our knowledge. I/We authorize you to obtain such information as you may require concerning the statements made in this application and agree that this application shall remain the property of the lender whether or not the loan is granted. I/We authorize the Bank to provide information with respect to the loan being applied for to any person, firm, or entity, the Bank believes has a reasonable need to know such information, including the providing of payoff figures.											
Applicant I			Date			Applicant II			Date		