## **CHECKING RESERVE**

**OVERDRAFT PROTECTION LINE OF CREDIT** 

**APPLICATION** 

### Toll-Free: 800-287-0752

### www.FranklinSavings.com

FARMINGTON	Phone: 207-778-2900 Fax: 207-779-1223
RUMFORD	Phone: 207-364-7866 Fax: 207-369-0488
WILTON	Phone: 207-645-2583 Fax: 207-645-5116
JAY	Phone: 207-897-3982 Fax: 207-897-6385
RANGELEY	Phone: 207-864-3386 Fax: 207-864-3523
SKOWHEGAN	Phone: 207-474-5574 Fax: 207-474-2013
ELLSWORTH	Phone: 207-610-5068
	Fax: 207-610-5067
MT. BLUE	Phone: 207-778-5268



#### EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN 55480,





## CHECKING RESERVE

**OVERDRAFT PROTECTION LINE OF CREDIT APPLICATION** 

Franklin

# **CHECKING RESERVE**

### **OVERDRAFT PROTECTION LINE OF CREDIT APPLICATION**

### Write yourself a loan when you need it most!

With Checking Reserve, you can relax with the knowledge your checks, card transactions and other debits will be honored.

Checking Reserve combines our deposit and lending services to create a cash reserve just for you. You decide in advance the amount of your Checking Reserve. It is a pre-approved loan standing by, ready to activate, should your checking account ever become overdrawn.

Best of all, it costs you nothing unless you use it. When and if you overdraw your checking account, you pay only interest on the amount of money you use and the length of time during which you use it.

#### **ABOUT THIS ACCOUNT INTEREST RATE & INTEREST CHARGES**

Annual Percentage Rate (APR) for all transactions	15.00%		
Interest payment method	You will be charged interest beginning on the transaction date		
Annual Fee	None		
Transaction Fees	None		
Penalty Fees	None		
How your balance is calculated	We use a method called "daily balance," which includes new purchases. You can see more details on your account agreement.		
Billing Rights	See your account agreement for information on your rights to dispute transactions and how to exercise those rights.		

Each month in your Hometown Checking, NOW, Senior Checking or Money Market account statement, we will include a statement detailing the activity, if any, of your Checking Reserve. This includes your current payment due, any finance charges, and the remaining credit available in your account. You may pay all or part of the unpaid principal balance at any time to reduce interest costs. Each month a payment will be automatically deducted from your Hometown Checking, NOW, Senior Checking or Money Market account in an amount equal to the lesser of the outstanding balance or \$50.00. plus the accrued interest as of the billing date.

Start your Checking Reserve account now by simply filling out this application. Drop the completed application at any Franklin Savings Bank location or mail it to PO Box 825, Farmington, ME 04938-0825.

CGA-FP Checking Reserve 10/21



FOR INTERNAL USE ONLY	:			
Checking Account Number	Branch	Approving Officer	Credit Line Approved	Date

IMPORTANT APPLICATION INFORMATION: Federal Law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

policy and lederariaw.		CREDIT AMOUNT REQUES	TED			
Credit	t Line Amount Requested (Minimum of S	\$500):	\$			
	-	TYPE OF CREDIT REQUEST	ED			
Please Check One:						
Individual Credit Line:	Relying solely on my income					
Individual Credit Line:	Relying on my income as well a	as income				
Joint Credit Line:	from other sources We intend to apply for joint cre	dit.	Applicant	Initials:		
	(Initial boxes only if applying			ant Initials:		
	INDI	IDUAL APPLICANT INFOR	MATION			
Name (Last, First, Middle)			Date of Birth	Social Security Number		
Address (Street, City, State & Zip	)		Do You Rent or Own?	Years at Present Address		
Previous Address (Complete if le	ess than 3 years at present address)		Do You Rent or Own?	Years at Previous Address		
Home Phone Driv	er's License No.	Issuing State	Date of Issue	Date of Expiration		
Present Employer (Company Na	me & Address)		Position or Title			
Gross Salary (Salary Per Month)			Years Employed	Business Phone		
Previous Employer (Company Na	ame & Address)		Years Employed	Business Phone		
Other Sources of Income: Alir	mony, Child Support, or Separate Maint	enance Income need not be re	/ vealed if you do not wish	to have it considered as a	basis for repaying	
this obligation. Other Sources of Income			-	Amount Per Month		
				\$		
Name & Address of Nearest Rela	-		Relationship	Home Phone		
Have you previously received cre	edit from us? If yes, when?					
	CO-APPLICANT IN	IFORMATION OR OTHER PA	ARTY INFORMATION			
Name (Last, First, Middle)			Date of Birth	Social Security Number		
Address (Street, City, State & Zip	)		Do You Rent or Own?	Years at Present Address		
Previous Address (Complete if le	ess than 3 years at present address)		Do You Rent or Own?	Years at Previous Address		
Home Phone Driv			Date of Issue	Date of Expiration		
Present Employer (Company Na	me & Address)		Position or Title			
Gross Salary (Salary Per Month) \$	Gross Salary (Salary Per Month) Years Employed			Business Phone		
Previous Employer (Company Na	ame & Address)		Years Employed	Business Phone		
Other Sources of Income: Alin	mony, Child Support, or Separate Maint	enance Income need not be re-	 vealed if you do not wish	 to have it considered as a	basis for repaying	
this obligation. Other Sources of Income				Amount Per Month		
Deletionship to Applicant				\$		
Relationship to Applicant						
Name & Address of Nearest Rela	ative Not Living With You		Relationship	Home Phone		
Has Joint Applicant or Other Part	ty previously received credit from us? If ye	es, when?				
		ASSETS OWNED				
Descrip	Description of Assets		ecount is Hold	Value		
(Bank Accounts,	Real Estate, Automobiles)	Name In Which Account is Held				
				\$ \$		
				\$		
				\$		
				\$		
		OUTSTANDING DEBTS		+		
Cre	ditor Name					
	liment Loans, Mortgage, Rent and Other)	Name In Which A	ccount is Held	Present Balance	Monthly Payment	
Mortgage Holder or Landlord				¢	\$	
				\$	\$ \$	
			\$	\$		
			\$	\$		
				\$	\$	
				\$	\$	
NOTICE TO ALL APPLICANTS: A Consumer Report may be requested in connection with this application for credit or any future update, renewal, or extension of such credit. Upon request, you will be informed whether or not a consumer report was requested. If a report was requested, you will be informed of the name and address of the consumer reporting						
agency that furnished the report. AUTHORIZATION AND ACKNOWLEDGEMENT: I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether						
1 1 2 0 0	r not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with ender. I understand that I must update credit information at Lender's request if my financial condition changes.					
Signature of Applicant Signature of Co-Applicant Date					Date	