

Personal Overdraft Line of Credit Application

Applicants Personal Info	Co-Applicants Personal Information				
Name:		Name:			
Address:		Address:			
City/State/Zip:		City/State/Zip:			
Do you: Own	Rent How Long:	Do you:	Own	Rent	How Long:
Monthly Mortgage Payment:	or Monthly Rent:	Monthly Mortgage	e Payment:		or Monthly Rent:
Home Phone #:	Cell #:	Home Phone #:			Cell#:
Email Address:		Email Address:			
SS#:	Date of Birth:	SS#:			Date of Birth:
Employer:		Employer:			
Employer Address:	Employer Address:				
City/State/Zip:		City/State/Zip:			
Business Phone:		Business Phone:			
Title:	# of Years:	Title:			# of Years:
Monthly Income:	Other Income:	Monthly Income:			Other Income:
Source of Other Income:	Source of Other Income:				
Alimony, child support, or sepa	rate maintenance income need not be reveal	ed if you do not wish	to have it con	sidered as	a basis for repaying this obligation.
Status: Marrie	ed Unmarried	Status:	Married		Unmarried
LBB Checking Account #:		Balance:			
	Si	gnatures			
I certify that everything I have stated in this application and on any attachment(s) is correct. Lender may keep this information whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask about my credit record with Lender. I understand I must update credit information at Lender's request if my financial conditions change.					
Applicant's Signature:	Co-Applicant's Signature:				
Date Signed:		Date Signed:			