

For Credit Union Use Only

Approved Denied

Adverse Action Sent

Date Sent _____

Approved Limit _____

Loan Officer comments:

Signature _____

Date _____

Serving our members since 1941

- Free Checking
- Free On-Line Banking
- Free Bill Pay
- Free Telephone Banking
- ATM/Debit Cards
- CD's & Money Market Accounts
- Mortgage Loans
- Home Equity Loans and H/E Lines of Credit
- Vehicle & Motorcycle Loans
- Personal Loans
- Recreational Vehicle Loans
- And more added services



Credit Union

www.premier-sourcecu.com

Main Office

232 North Main St. · East Longmeadow

413-525-2002 · 1-800-551-3556

Fax 413-525-4718

www.premier-sourcecu.com

OVERDRAFT
Line of Credit



Rev. 7/09



The shares and deposits of this credit union in excess of NCUA limits are insured by the Massachusetts Credit Union Share Insurance Corporation up to the limits set by Massachusetts law.



We Do Business In Accordance With the Federal Fair Housing Law and the Equal Credit Opportunity Act



This credit union is federally insured by the National Credit Union Administration

Application for Overdraft Protection Line of Credit

Now you can make an already great checking account even better by adding Overdraft Protection Line of Credit.

With an Overdraft Protection Line of Credit Account, you can get that added protection in case of an error in your checkbook.

When your debit is presented to the Credit Union for payment, and there are not adequate funds in your account to cover the debit transactions, we will advance you a loan so your check will clear.

- Credit line up to \$1,000.00.
- 18.00% Annual Percentage Rate charged on loan advances.
- Repayment must be made within 30 calendar days of overdraft.
- Advances appear on your monthly share draft statement.
- \$25.00 annual fee.

Please complete the application and return to:

Premier Source Credit Union
232 North Main Street
East Longmeadow, MA 01028
or Fax to: 413-525-4718

Overdraft Protection is a line of credit. Applicants are subject to credit approval. The 18.00% Annual Percentage Rate is the rate that was in effect on July 1, 2009 . Other terms and conditions found in the overdraft protection line of credit agreement.

APPLICANT
DATE OF BIRTH
ACCOUNT NUMBER
ADDRESS
CITY/STATE/ZIP
HOME PHONE
WORK PHONE EXT.
CELL PHONE
E-MAIL
EMPLOYER
ADDRESS
CITY/STATE/ZIP
ANNUAL INCOME
AMOUNT REQUESTED

CO-APPLICANT
DATE OF BIRTH
ACCOUNT NUMBER
ADDRESS
CITY/STATE/ZIP
HOME PHONE
WORK PHONE EXT.
CELL PHONE
E-MAIL
EMPLOYER
ADDRESS
CITY/STATE/ZIP
ANNUAL INCOME
AMOUNT REQUESTED

Signatures

You promise that everything you have stated in this application is correct to the best of your knowledge. You understand that you do not have a line of credit until notified by the credit union of your limit. All joint account owners must sign this application. If there are any important changes you must notify us in writing immediately. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. You understand that the credit union will rely on the information in this application and your credit report to make its decision. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA. You agree to repay all unpaid balances plus interest, and be bound by all terms and conditions of the overdraft protection line of credit agreement provided to you when approved. You hereby give the credit union a security interest in the checking account linked to overdraft protection.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____