

I/We herby apply for a line or increase in line of:

experience with me.

Applicant's Signature

## **Overdraft Protection**

only available for personal checking accounts

## **INSTRUCTIONS - PLEASE READ BEFORE COMPLETING APPLICATION**

- 1. If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete applicant section only.
- 2. If this is an application for a joint account, complete both applicant and co-applicant sections.
- 3. If you are applying for individual credit, but are relying on income from alimony, child support, separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete both sections to the extent possible. Provide information about the person on whose alimony, support, maintenance payments, income or assets you are relying on in the co-applicant section.

	of another person as the basis for repayment of the credit requested, complete both sections to the extent possible. Provide information about
	the person on whose alimony, support, maintenance payments, income or assets you are relying on in the co-applicant section.
4	. Verification of income is required. Please attach a recent paycheck stub.
5.	. Please mail completed applilcation to Presidential Bank, 4520 East-West Highway, Bethesda, MD 20814

Please indicate your Presidential checking account number:

(N	Max Credit Line \$5	,000)						ノ	
			APPL	ICANT					
Name(Last) (First)	(MI)		Dependents		Date of Birth		Social Security No.		
Current Address(Street)		(City/ST/Zip)					Home Phone	Time at this Address Years — Months	
If less than 2 years give previous ad			Monthly Housing Payment \$	Rent Own					
Name and Address of Landlord or M	lortgage Holder						Mortgage Acct. No.		
Name and Address of Current Emplo	oyer	Position/Title					Business Phone		
If less than two years give previous employer Position/Title							Time with Current Employer Years Months		
Current Annual Gross Pay \$						support or If yes, please give monthly amount:  \$			
Alimony, child support, or separate r wish to have it considered as a basi			evealed if you	do not	Source of Other I	Income	Amount of Other Income	Total Annual Income	
Name of Bank/Financial Institution	Branch Cho	ecking Accout Nu	mber		Savings Accoun	t Number		Loan Yes No	
Name and Address of Nearest Relative					Relationship				
			CO-API	PLICANT	ī				
Name(Last) (First)	(MI)		Dependents		Date of Birth		Social Security No.		
Current Address(Street)		(City/ST/Zip)					Home Phone	Time at this Address Years Months	
If less than 2 years give previous ad	ddress (street)	(City/ST/Zip)					Monthly Housing Payment	Rent Own	
Name and Address of Landlord or M	lortgage Holder						Mortgage Acct. No.	ı	
Name and Address of Current Empl	oyer	Position/Title					Business Phone		
If less than two years give previous employer Position/Title Time with Current Employer  Years Months							•		
Are you obligated to make monthly alimony child support or maintenance payments? Yes No   If yes, please give monthly amount: \$							hly amount:		
Alimony, child support, or separate r wish to have it considered as a basi			evealed if you	do not	Source of Other	Income	Amount of Other Income	Total Annual Income	
Name of Bank/Financial Institution	Branch Ch	ecking Accout Nu	mber		Savings Accoun	t Number		Loan Yes No	
Name and Address of Nearest Rela		Relationship							

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application and/or financial statement if it has been tendered or required, whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit

Co-Applicant's Signature