

**PRINT, FILL OUT AND FAX THIS FORM TO 410-529-1672
and someone will contact you soon.**

CUSTOMER'S DAYTIME CONTACT NUMBER: _____



Baltimore County Savings Bank

Administrative Offices

Mailing Address: P.O. Box 397, Perry Hall, MD 21128

Office Location: 4111 E. Joppa Road, Baltimore, MD 21236

p. 410-256-5000 e. info@bcsb.net

www.baltcosavings.com

**PERSONAL OVERDRAFT PROTECTION
LINE OF CREDIT APPLICATION**

I/We are applying for an overdraft protection line of credit for our Baltimore County Savings Bank, FSB Checking Account.

Account to Receive Overdraft Protection

(All owners of the account MUST apply to receive credit)

_____	_____
Name on the Account	Name on the Account
_____	_____
Account Number	Amount Requested (min. \$500, max. \$5,000)

SECTION A- APPLICANT INFORMATION

Full Name (Last, First, Middle) _____ Birthdate ___ / ___ / ___

Present Street Address _____ Years there _____

City _____ State _____ Zip Code _____ Phone _____ Cell phone _____

Social Security No. _____ Driver's license no. _____

Previous Street Address _____ Years there _____

City _____ State _____ Zip Code _____ Phone _____

Marital Status Married Separated Unmarried
(unmarried includes single, divorced and widowed persons)

Present Employer _____ Years there _____ Phone _____

Position or Title _____ Name of supervisor _____

Employer's Address _____

Previous Employer _____ Years there _____ Phone _____

Previous Employer's Address _____

Present Gross Salary or Commission \$ _____ per _____ No. of dependents _____ Ages _____

Other Monthly Income* _____ Source _____

Alimony, child support, separate maintenance received under Court order Written agreement Oral understanding
* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Name of nearest relative not living with you _____ Phone _____

Relationship _____ Address _____

SECTION B- CO-APPLICANT INFORMATION

Full Name (Last, First, Middle) _____ Birthdate ___ / ___ / ___

Present Street Address _____ Years there _____

City _____ State _____ Zip Code _____ Phone _____ Cell phone _____

Social Security No. _____ Driver's license no. _____

Previous Street Address _____ Years there _____

City _____ State _____ Zip Code _____ Phone _____

Marital Status Married Separated Unmarried
(unmarried includes single, divorced and widowed persons)

SECTION B- CO-APPLICANT INFORMATION continued

Present Employer _____ Years there _____ Phone _____
 Position or Title _____ Name of supervisor _____
 Employer's Address _____
 Previous Employer _____ Years there _____ Phone _____
 Previous Employer's Address _____
 Present Gross Salary or Commission \$ _____ per _____ No. of dependents _____ Ages _____
 Other Monthly Income* _____ Source _____
 Alimony, child support, separate maintenance received under Court order Written agreement Oral understanding
* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Name of nearest relative not living with you _____ Phone _____
 Relationship _____ Address _____

I/We authorize Baltimore County Savings Bank to transfer funds to my Checking Account from my Overdraft Protection Line of Credit, from time to time for the purpose of providing me with Overdraft Protection in accordance with the Line of Credit Agreement between me/us and Baltimore County Savings Bank.

Everything that I/we have stated in this application is correct to the best of my knowledge. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us. Any false statement or omission will automatically nullify the application.

 Applicant's Signature

 Date

 Co-Applicant Signature
 (Where Applicable)

 Date

 Co-Applicant Signature

 Date

Declined by _____ Date _____	Remarks
Approved by _____ Date _____	