



## Auto Loan Application

First Name:

Last Name:

**Privacy Policy:**

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

**Account Holders** must reside in **New York state**.

**Important Information about Procedures for Opening a New Account**

Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Security Notice:**

You should **ONLY** fill out this Application online if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

**Instructions:**

1. Complete Application and click "Submit Application" or fax it to 315-638-9871.
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office and any other documentary requests we may have. You may also be requested to provide photocopies of your Driver's License or other identification.

### Auto Loan Request

Applicant name (required)	
Co-applicant	
Amount Requested: (required)	
Desired Monthly Payment (required)	
or Term Requested: (required)	<input type="radio"/> 24 mos. <input type="radio"/> 36 mos.  <input type="radio"/> 48 mos. <input type="radio"/> 60 mos.  <input type="radio"/> Other:

Vehicle Description (required)	<b>Year of Vehicle</b>	<b>Make</b>	<b>Model</b>	<b>Purchase Price</b>	<b>Down Payment</b>	<b>Finance Amount</b>
	_____	_____	_____	_____	_____	_____
Purchasing from Dealer (required)	<input type="radio"/> Yes <input type="radio"/> No					
Dealer Name	_____					
Trade-In (required)	<input type="radio"/> Yes <input type="radio"/> No					
Creditor of Trade-In	_____					

**Applicant**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
_____	_____	_____

<b>Date of Birth</b>	<b>Social Security No.</b>	<b>No. of Dependents</b>
_____	_____	_____

<b>Driver's License No.</b>	<b>Driver's License State</b>	<b>Expiration Date</b>	<b>Email Address</b>
_____	_____	_____	_____

<b>Home Phone</b>	<b>Work Phone</b>	<b>Best Time To Call</b>
_____	_____	_____

Are there any unsatisfied judgments against you? (required)	<input type="radio"/> Yes <input type="radio"/> No
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Have you been declared bankrupt in the last 7 years? (required)	<input type="radio"/> Yes <input type="radio"/> No
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If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information about the Joint Applicant or user.	<input type="checkbox"/> Check this box for a joint account
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**Residence**

Your Primary Residence: (required)	<input type="radio"/> Own with Mortgage <input type="radio"/> Own Clear <input type="radio"/> Rent <input type="radio"/> Other:
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Address (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Years At Present Address	Your Monthly rate or Mortgage Payment
_____	_____

Years At Previous Address	Your Previous Address
_____	_____

**Home Information**

Collateral Property Address (If different from above)	Date Purchased
_____	_____

Current Mortgage Holder	Mortgage Holder Phone
_____	_____

Purchase Price	Market Value	Mortgage Balance
_____	_____	_____

**Employment**

(required)	<input type="radio"/> Employed
	<input type="radio"/> Unemployed
	<input type="radio"/> Self-Employed
	<input type="radio"/> Retired
	<input type="radio"/> Student

Your Present Employer	Phone
_____	_____

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Gross Monthly Salary	Your Position	Years There
_____	_____	_____

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

**Other Monthly Income**

**Source of Other Income**

**Previous Employer (if less than 3 years at current employer)**

**Years at Previous Employer**

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

**Additional Information**

**Your Checking Account Number**

**Institution Name**

**Your Savings Account Number**

**Institution Name**

**Name of Creditor**

**Approx. Balance**

**Monthly Payment**

**Collateral, if any**

Total Amount of Other  
Monthly Payments not listed  
above:

**Assets**

**Value**

**Title Held Name**

**Co-Applicant**

**First Name**

**Middle Initial**

**Last Name**

**Date of Birth**

**Social Security No.**

**No. of Dependents**

Driver's License No.

Driver's License State

Expiration Date

Email Address

Home Phone

Best Time To Call

Work Phone

**Co-Applicant Residence**

Your Primary Residence:

- Own with Mortgage
- Own Clear
- Rent
- Other:

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

Years At Present Address

Your Monthly Rent or Mortgage Payment

Years At Previous Address

Your Previous Address

**Co-Applicant Home Information**

Collateral Property Address (If different from above)

Date Purchased

Current Mortgage Holder

Mortgage Holder Phone

Purchase Price

Market Value

Mortgage Balance

**Co-Applicant Employment**

- Employed
- Self - Employed
- Retired
- Unemployed
- Student

**Your Present Employer**

**Phone**

\_\_\_\_\_

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

\_\_\_\_\_

**Gross Monthly Salary**

**Your Position**

**Years There**

\_\_\_\_\_

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

**Other Monthly Income**

**Source of Other Income**

\_\_\_\_\_

**Previous Employer (if less than 3 years at current employer)**

**Years at Previous Employer**

\_\_\_\_\_

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

\_\_\_\_\_

**Co-Applicant Additional Information**

**Your Checking Account Number**

**Institution Name**

\_\_\_\_\_

**Your Savings Account Number**

**Institution Name**

\_\_\_\_\_

Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount of Other Monthly Payments not listed above:	_____
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Assets	Value	Title Held Name
_____	_____	_____

**Applicant(s) Statement**

**Applicant(s) Statement**  
 I/We have completed this request for credit in consideration of **Seneca Savings** lending to me and/or others upon my guarantee. I/We certify that all information contained herein is accurate and complete to the best of my knowledge.  
 I/We authorize **Seneca Savings** to retain property of this application, to rely on the foregoing, to check and verify my credit, employment and salary history, to secure follow up credit reports concerning my credit worthiness and to exchange information about my account with proper persons, creditors and credit bureaus.  
 I authorize my employer (present and future), bank and other references listed above to release and/or verify information to **Seneca Savings** at any time. I acknowledge that this application is subject to approval of credit and acceptance by **Seneca Savings**. Should my request for credit and subsequent loan be approved, I agree to give **Seneca Savings** written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.  
 Federal law requires that we obtain your consent before providing required disclosures electronically. Your consent will apply only to this transaction. If you prefer to receive paper copies free of charge after consenting to receive electronic disclosures please call (315) 638-0233 and request them. Because we may provide certain disclosures to you as soon as you consent, but prior to submitting your online application, you will not be able to withdraw your consent to receive those disclosures electronically. However, you may withdraw your consent to receive future disclosures electronically at any time. Such withdrawal will not affect the validity of the disclosures already given.  
**I/We AGREE with the above statement. By clicking submit and electronically signing below I/WE wish to proceed with the application and acknowledge receipt of the above disclosures electronically.**

Electronic Signature (required) <i>Type First and Last Name</i>	_____
Joint Owner Electronic Signature if applicable <i>Type First and Last Name</i>	_____
Date/Time of Application (required)	_____