



One Family, Helping Another

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Auto Loan Application

First Name:

Last Name:

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 form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Applicant's Information

First Name

Last Name

Date of Birth

Social Security Number

Phone Number

Alternate Phone Number

Email

Principal Address (required)

Address Line 1

Address Line 2

City

State

ZIP Code

Own With Mortgage

☐

Own Outright

☐

Rent

☐

Other

☐

Years At Principal Address

Monthly Rent or Mortgage Payment

Previous Address (If years at Principal Address is less than 2 years)	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Borrower's Employment and Income Information				
Employed	Unemployed	Self-Employed	Retired	Student
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Current Employer			Phone	
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. (required)	Other Monthly Income		Source of Other Income	
Your Previous Employer (if less than 2 years with Current Employer (required)	Previous Employer		Phone	Years There
Auto Loan Details				
Amount Requested		Desired Monthly Payment	Desired term (in months)	
If you have already selected the vehicle you would like to purchase, please provide the information below. (required)	Year	Make	Model	
Additional Information				
Deposit Account(s) (required)	Checking	Savings	CD's	IRA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deposit Account Banks or other Financial Institutions (required)	Institution Name			
	1. _____			
	2. _____			
	3. _____			
Co Applicant Information (Optional)				
	First Name	Last Name	Date of Birth	Social Security Number
Co Applicant	_____	_____	_____	_____
Applicant(s) Statement				
Applicant(s) Statement I / we have completed this request for credit in consideration of Flanagan State Bank lending to me and/or others upon my guarantee. I certify that all information contained herein is accurate and complete to the best of my knowledge.				
I authorize Flanagan State Bank 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 Flanagan State Bank at any time. I acknowledge that this application is subject to approval of credit and acceptance by Flanagan State Bank . Should my request for credit and subsequent loan be approved, I agree to give Flanagan State Bank written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.				
(required)	<input type="radio"/> I AGREE with the above Statement <input type="radio"/> We intend to apply for joint credit			