



Consumer Checking Line of Credit Application

First Name:

Last Name:

Submitted on:

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. Please do not use Firefox or Internet Explorer.

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.

This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. **Upon receipt of the application, we will send you the proper disclosures.**

Personal Loan Request

Amount Requested: Up to \$1,000 (required)

Purpose of Loan: (required)

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.

Check box for joint application

Applicant

First Name

Middle Initial

Last Name

Date of Birth	Social Security No.	No. of Dependents
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Driver's License No.	Driver's License State	Issue Date	Expiration Date
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Home Phone	Work Phone	Best Time To Call
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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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Email address	
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Residence

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

Years At Present Address	Your Monthly Rent or Mortgage Payment
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Years At Previous Address	Your Previous Address
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Home Information

Collateral Property Address (If different from above)	Date Purchased
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Current Mortgage Holder	Mortgage Holder Phone
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Purchase Price

Market Value

Mortgage Balance

Employment

- Employed
- Self-Employed
- Unemployed
- Retired
- 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

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

Issue Date

Expiration Date

Home Phone

Best Time To Call

Work Phone

Co-Applicant Residence

Your Primary Residence:

- Own with Mortgage
- Own Clear
- Rent
- Other

Present Address

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

Email 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
- Unemployed
- Retired
- 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 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
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Co-Applicant Additional Information
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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

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 Signatures

Electronic Signature (required) <i>First and Last Name</i>	
Joint Owner Electronic Signature if applicable <i>First and Last Name</i>	
Date and Time of Application (required)	
Name or Branch helping with application if applicable	