Auto/RV/ATV/Boat Loan 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.

Loan Request	
Applicant name (required)	
Co-applicant	
Amount Requested: (required)	
Desired Monthly Payment (required)	
Loan Purpose: (required)	
Term Requested: (required)	◯ 24 mos. ◯ 36 mos. ◯ 48 mos. ◯ 60 mos. ◯ 72 mos. ◯ 84 mos. ◯ Other:
Description (required)	**Year** **Make** **Model** **Purchase Price** **Down Payment** **Finance Amount**

Purchasing from Dealer (required)	◯ Yes ◯ No
Dealer Name	
Trade-In (required)	◯ Yes ◯ No
Creditor of Trade-In	

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	Work Phone	Best Time To Call

Are there any unsatisfied judgments against you? (required)	◯ Yes ◯ No
Have you been declared bankrupt in the last 7 years? (required)	◯ Yes ◯ No
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. (required) *Check Yes for Joint and No for Individual*	☐ No ☐ Yes

Residence

Your Primary Residence: (required)	◯ Own with Mortgage ◯ Own Clear ◯ Rent ◯ None of the Above

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

Current Mortgage Holder	Mortgage Holder Phone	Annual Property Tax

Employment

(required)	◯ Employed ◯ Unemployed ◯ Self-Employed ◯ Retired ◯ 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 2 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

Assets	Value	Title Held Name

Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):	

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

Current Mortgage Holder	Mortgage Holder Phone

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

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Other Monthly Income	Source of Other Income

Previous Employer (if less than 2 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

Assets	Value	Title Held Name

Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):	

Applicant(s) Statement

Applicant(s) Statement

I/We have completed this request for credit in consideration of Seneca Savings Bank, N.A 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 Bank, N.A 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 Bank, N.A at any time. I acknowledge that this application is subject to approval of credit and acceptance by Seneca Savings Bank, N.A. Should my request for credit and subsequent loan be approved, I agree to give Seneca Savings Bank, N.A 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.

Please choose a keyword to be used as a security feature on your account. You will be asked for this keyword when reaching out to Seneca Savings via telephone.	
Electronic Signature (required) *Type First and Last Name*	

Joint Owner Electronic Signature if applicable *Type First and Last Name*	
Date/Time of Application (required)	
Name of representative or branch helping with application if applicable	