

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:					
 To safeguard your privacy, memory when you quit your t We will contact you with th 	 Complete Application and click "Submit Application" or fax it to 315-638-9871. 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. 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. 				
A 1: 1 / : N	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					
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	f Dependents	
Driver's License No).	Driver's License State	Expiration Date	Email Address	
Home Phone		Work Phone	Best Ti	me To Call	
Are there any unsatisfied judgments against you? (required)	O Yes				
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:	Own with	n Mortgage ar			
(required)	Rent None of	the Above			

	Address Line 1		
Address (required)	Address Line 2		
	City	State	ZIP Code
Years At P	resent Address	Your Monthly ra	te or Mortgage Payment
Years At Previous Address			Your Previous Address
		Home Information	
Current Mortgage Holder		N	Nortgage Holder Phone
		Employment	
	EmployedUnemployed		
(required)	Self-Employed Retired		
	Student		
	Your Present Employ	rer	Phone
	Address Line 1		
Address Information (required)	Address Line 2		
	City	State	ZIP Code
Gross Monthly Salary		Your Position	Years There
You do not have to list alingranting and repayment of		naintenance income unless you w	vant us to consider it for the purposes of
Other Monthly Income		So	ource of Other Income

Previous En	nployer (if less than 2 yea	rs at current employer)	Years	at Previous Employer
Address Information	Address Line 1 Address Line 2			
	City	State	ZIP Co	de
		Additional Information		
	Your Checking Account N	lumber	Ins	stitution Name
	Your Savings Account Nu	ımber	Ins	titution Name
Assets Value		Title Held N	lame	
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):				
		Co-Applicant		
First Name		Middle Initial		Last Name
Date of Birth		ocial Security No.	No. of Dependents	
Driver's License No	o. 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 Pre	esent Address	Your Monthly Re	ent or Mortgage Payment		
Years At Previous Address			Your Previous Address		
	Co-A	pplicant Home Information			
Current Mortgage Holder		ı	Mortgage Holder Phone		
	Co	p-Applicant Employment			
	Employed Self - Employed				
	Retired Unemployed				
	Student				
	Your Present Emplo	yer	Phone		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
Gross Monthly Salary		Your Position	Years There		
You do not have to list alim- granting and repayment of t		maintenance income unless you v	want us to consider it for the purposes of		
Other Monthly Income			ource of Other Income		

Previous En	nployer (if less than 2 years at current emp	oloyer)	Years at Previous Employer
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
	Co-Applicant Additi	onal Information	
	Your Checking Account Number		Institution Name
	Your Savings Account Number		Institution Name
Assets	Value		Title Held Name
guarantee. I/We certify that a I/We authorize Seneca Savii employment and salary histo account with proper persons I authorize my employer (pre Savings Bank, N.A at any tin Bank, N.A. Should my reque immediately upon change of Federal law requires that we	, creditors and credit bureaus. sent and future), bank and other reference ne. I acknowledge that this application is s st for credit and subsequent loan be appro my name, address, employment or any or	e and complete to the biplication, to rely on the erning my credit worthing es listed above to release subject to approval of croved, I agree to give Sether pertinent informationalized disclosures electronicalized.	est of my knowledge. foregoing, to check and verify my credit, ness and to exchange information about my se and/or verify information to Seneca edit and acceptance by Seneca Savings neca Savings Bank, N.A written notice on contained herein. onically. Your consent will apply only to this
638-0233 and request them. online application, you will no your consent to receive futur given. I/We AGREE with the above	Because we may provide certain disclosor be able to withdraw your consent to rec	ures to you as soon as eive those disclosures esuch withdrawal will not	you consent, but prior to submitting your electronically. However, you may withdraw affect the validity of the disclosures already
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			