



## CONSUMER LOAN APPLICATION

Date	Amount Requested	Term (# of Months)	Payment Amount
	\$		

**Purpose of Loan – describe how the proceeds will be used.**

- Purchase Automobile   
  Refinance Automobile   
  Purchase Boat /Recreational Vehicle   
  Purchase Motorcycle   
  Purchase Household Goods  
 Home Improvement   
  Vacation   
  Medical Expense   
  Other (specify): \_\_\_\_\_

**Type of Collateral – describe the type of collateral offered and how owned**

- Car, Boat, RV or Motorcycle: Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Make & Model \_\_\_\_\_  
 Insurance Agent (Name & Address) \_\_\_\_\_ Has or will the State of Oklahoma issue the title?     Yes     No  
 Savings or Certificate of Deposit   
  Unsecured   
  Other (describe): \_\_\_\_\_

**INFORMATION REGARDING APPLICANT(S) – do not complete Joint Applicant information if you are applying for individual credit in your own name and are relying on your own income and assets and not the income or assets of another person as the basis for repayment of the credit requested.**

Applicant's Name (include Jr. or Sr. if applicable)			Applicant's Name (include Jr. or Sr. if applicable)		
Social Security Number	Home Phone	Birth Date	Social Security Number	Home Phone	Birth Date
	Cell Phone			Cell Phone	
Marital Status ( <i>do not complete if you are applying for individual, unsecured credit</i> ) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)			Marital Status ( <i>do not complete if you are applying for individual, unsecured credit</i> ) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)		
Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.		
e-mail address:			e-mail address:		
Name & Address of Employer		<input type="checkbox"/> Self Employed	Name & Address of Employer		<input type="checkbox"/> Self Employed
		Yrs. on this job			Yrs. on this job
		Yrs. employed in this profession			Yrs. employed in this profession
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>					
Former Employment		<input type="checkbox"/> Self Employed	Former Employment		<input type="checkbox"/> Self Employed
		Yrs. on this job			Yrs. on this job
		Yrs. employed in this profession			Yrs. employed in this profession
Name & Address of Nearest Relative Not Living in Household		Phone	Name & Address of Nearest Relative Not Living in Household		Phone
		Relationship			Relationship
Relationship to Primary Borrower: _____ Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you applied for a loan at RCB Bank before? <input type="checkbox"/> YES <input type="checkbox"/> NO Are there any unsatisfied judgments against you? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a co-maker, endorser, or guarantor on any loan? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you obligated to pay child support or alimony? <input type="checkbox"/> YES <input type="checkbox"/> NO Mother's maiden name? (for security purposes) _____ Have you been declared bankrupt within the past 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?    Year: _____			Relationship to Primary Borrower: _____ Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you applied for a loan at RCB Bank before? <input type="checkbox"/> YES <input type="checkbox"/> NO Are there any unsatisfied judgments against you? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a co-maker, endorser, or guarantor on any loan? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you obligated to pay child support or alimony? <input type="checkbox"/> YES <input type="checkbox"/> NO Mother's maiden name? (for security purposes) _____ Have you been declared bankrupt within the past 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?    Year: _____		

<b>Gross Monthly Income:</b>	Applicant	Joint Applicant	Total	<i>Notice - Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</i>	
Salary and Wages					Describe Other Income:
Other (see notice and list in "describe other income")				\$	
Total	\$	\$	\$	\$	

<b>Description of Assets:</b>	Pledged?	Value
Cash (Name & Address of Financial Institution):		\$
Automobiles (Make, Model, Year):		
Real Estate (Location, Date Acquired):		
Other (list):		
Total Assets (attach separate list if necessary)		\$

<b>Outstanding Debts:</b> (list all indebtedness to individuals or other creditors, including alimony, child support, rent, etc.)	Balance	Past Due?	Monthly Payment
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage			\$
Total Debts (attach separate list if necessary)			\$
Net Worth			\$

**Certification and Authorization:** I/We certify that the information provided in this application is true and correct. My/our signature below authorizes RCB Bank to obtain a consumer report and to contact references to obtain loan balances or pay-off information and to check my credit and employment history.

**FEDERAL NOTICE FOR SALE OF INSURANCE**

Credit Disclosure – UNDER FEDERAL LAW, A LENDER MAY NOT CONDITION AN EXTENSION OF CREDIT ON EITHER:

1. A REQUIREMENT TO PURCHASE AN INSURANCE PRODUCT FROM THE LENDER OR ANY OF ITS AFFILIATES, OR
2. AN AGREEMENT NOT TO OBTAIN, OR PROHIBITION FROM OBTAINING, AN INSURANCE PRODUCT FROM AN UNAFFILIATED ENTITY.

Insurance Disclosure – INSURANCE PRODUCTS ARE:

1. NOT A DEPOSIT OR OTHER OBLIGATION OF THE LENDER OR ANY OF ITS AFFILIATES.
2. NOT GUARANTEED BY THE LENDER OR ANY OF ITS AFFILIATES.
3. NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, THE LENDER OR ANY OF ITS AFFILIATES.

**Applicant's Request for Quote:**  No Insurance  Credit Life  Accident & Health

**By signing this application form, I/We hereby acknowledge receipt of the above credit disclosure and insurance disclosure, both orally and in writing.**

Applicant's Signature	Date	Applicant's Signature	Date
▶		▶	

**For Bank Use Only**

Method for Receiving Application:  Face-to-Face Interview  Mail or Fax  Telephone --- Was Joint Credit requested at the time of application  Yes  No

Application Received On: \_\_\_\_\_ By: \_\_\_\_\_

Disclosures were mailed to the following address (for telephone applications only)

Address: \_\_\_\_\_

Date mailed: \_\_\_\_\_ By: \_\_\_\_\_

**If this is an application for joint credit, the Borrower and Co-Borrower each agree we intend to apply for joint credit (sign below):**

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Co-Borrower

## **Covered Borrower Identification Statement**

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

Please call (877) 812-4663 to have this disclosure provided to you orally.

**To ensure that these protections are provided to eligible applicants, we require you to sign on of the following statements as applicable:**

I **AM** a member of the U.S. Armed Forces, such as Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer or on active Guard and Reserve duty (generally for a period of 180 consecutive days or more).

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

I **AM** a dependent of a member of the U.S. Armed Forces on active duty as described above. Dependents include, for example, a member's spouse, a member's child under the age of twenty-one years old, or an individual for whom the member provided more than one-half of the individual's financial support for 180 days immediately preceding today's date.

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

I **AM NOT** a regular or reserve member of the U.S. Armed Forces, such as Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer or on active Guard and Reserve duty (or a dependent of such a member).

**APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.

**PAYOFF REQUEST**

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Lender)

ATTN: Payoff Department

Via Fax #: \_\_\_\_\_

Re: Loan/Account #: \_\_\_\_\_

Borrower(s) Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Borrower(s) Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Borrower(s) Contact Number(s): \_\_\_\_\_

Collateral: \_\_\_\_\_

Last 6 Digits of VIN#: \_\_\_\_\_

Dear Sir/Madam:

Please accept this as my authorization to issue a payoff statement to **RCB Bank** through an effective date of \_\_\_\_\_. Please include a per diem interest amount in the statement.

Please e-Mail or Fax this information to:

RCB Bank

Attn: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

PLEASE NOTE: IF THIS IS AN EQUITY LINE OR OTHER OPEN ENDED ACCOUNT, NO ADDITIONAL FUNDS SHOULD BE ADVANCED AND THE ACCOUNT IS TO BE CLOSED. IF ADDITIONAL DOCUMENTATION IS TO BE SIGNED, PLEASE FAX THE NECESSARY DOCUMENTS TO THE ABOVE NUMBER.

Thank you in advance for your assistance in this matter.

Sincerely,

\_\_\_\_\_ (Borrower)

\_\_\_\_\_ (Borrower)

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### **USA PATRIOT ACT NOTICE**

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. When you open an account, we will ask for your name, street address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. Business customers are asked to furnish documents related to the organization.

### **Fair and Accurate Credit Transactions Act of 2003 Notification:**

We may report information about your loan to credit bureaus. Late payments, missed payments, or other defaults on your loan may be reflected in your credit report.

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