



For Bank Use Only – Taxpayer Identification Number				

For Bank Use Only – Loan Number				



CONSUMER LOAN APPLICATION

P2019

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	Yrs. on this job	Name & Address of Employer	<input type="checkbox"/> Self Employed	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

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Former Employment		<input type="checkbox"/> Self Employed	Yrs. on this job	Former Employment		<input type="checkbox"/> Self Employed	Yrs. on this job
			Yrs. employed in this profession				Yrs. employed in this profession

Name & Address of Nearest Relative Not Living in Household	Phone	Relationship	Name & Address of Nearest Relative Not Living in Household	Phone	Relationship
Relationship to Primary Borrower: _____			Relationship to Primary Borrower: _____		
Are you a United States citizen?		<input type="checkbox"/> YES <input type="checkbox"/> NO	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	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 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 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	Are you obligated to pay child support or alimony?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Mother's maiden name? (for security purposes) _____			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	Have you been declared bankrupt within the past 7 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, where? Year: _____			If yes, where? Year: _____		

Gross Monthly Income:	Applicant	Joint Applicant	Total	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. Describe Other Income:
Salary and Wages				
Other (see notice and list in "describe other income")				\$
Total	\$	\$	\$	\$

Description of Assets:	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)		\$

Outstanding Debts: (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.

- I saw your ads/heard about the low rate: *(please check all that apply)*
- On a Billboard
 - On TV
 - In the Newspaper
 - Heard from Friend/Family
 - On the Radio
 - Heard from an RCB employee
 - Saw it on RCBbank.com
 - Signage at local RCB Branch
 - Saw it Online
 - Bus Advertising

Applicant's Signature ▶	Date	Applicant's Signature ▶	Date
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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 one 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.

FILE COPY FOR BANK RETENTION

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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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 COPY – PLEASE RETAIN FOR FUTURE REFERENCE