



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 OK or KS 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			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	Relationship	Name & Address of Nearest Relative Not Living in Household	Phone	Relationship
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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:	_____

Gross Monthly Income:	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				
Other (see notice and list in "describe other income")				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):		
Life Insurance:		
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. THIS APPLICATION IS BASED ON THE MOST ACCURATE INFORMATION AT THE CURRENT TIME. I AGREE TO NOTIFY THE BANK IF ANY DETAILS ABOUT MY EMPLOYMENT, INCOME, OR CREDIT CHANGES. I UNDERSTAND THAT THIS APPLICATION WILL EXPIRE IN 90 DAYS AND THAT A NEW APPLICATION AND CREDIT REPORT WILL BE REQUIRED AFTER EXPIRATION.

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
▶		▶	

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

Applicant

Co-Applicant

For Bank Use Only

Method for Receiving Application: Face-to-Face Interview Mail or Fax Electronic via DocuSign
 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: _____

Thank you for selecting **RCB Bank**. We welcome the opportunity to find the product best suited for your credit needs. This disclosures statement contains important information about the loan application process. Please read each section carefully. Your loan officer will gladly answer any questions about the credit terms, or the fees you may have to pay in connection with this application.

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.

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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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)