



T.O.P Application (THE OVERDRAFT PROTECTOR)

Application Instructions: Please Print, Fill in all blanks and indicate N/A where not applicable. Return to: SuffolkFirst Bank, PO Box 1340, Suffolk, VA, 23439-1340

(Please Check Each Applicable Box)		LINE AMOUNT REQUESTED: _____ <input type="checkbox"/> Joint Account If this is an application for a joint account that another person will use, complete all sections and both parties should sign the application. <input type="checkbox"/> Individual Account If this is an application for an individual account and you are relying on your own income and not the income or assets of a spouse (or another person) as a basis for the extension and repayment of the credit requested, complete the application section only before completing the Credit Data section and furnishing the account information below, and sign the application <input type="checkbox"/> Individual Account Relying on Income of Spouse or Another Person If this is an application for an individual account, but you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for extension or repayment of the credit requested. Complete all sections to the extent possible, before signing the application.			Branch: _____ Approved By : _____ Date: _____ Amount of Line: \$ _____	
First Name:		Middle:	Last Name		Birth Date: (mm/dd/yyyy)	
Street Address:				City:	State:	Zip:
Telephone Number:		Ages of Dependents:		Applicants Social Security Number:		
Yr. at Present Address:		If at above address less than 2 years provide former address:				
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> W/Parents						
Presently Employed by:			Length of Time:		Position:	
			Yr. Mo:			
Business Address:		City:	State, Zip:		Telephone:	
Previously Employed by:			Length of Time:		Position:	
			Yr. Mo:			
Co-Applicants Name:		Social Security Number:		Birth Date: (mm/dd/yyyy)		Telephone:
Co-Applicants Address:			City:	State:	Zip:	
Co-Applicants Employer:		Length of Time:		Position:		Telephone:
		Yr. Mo:				
Name and Relationship of Nearest Relative Not Living with You:			Address:		Telephone:	
LIST INCOME: Income from alimony, child support or separate maintenance payments need not be disclosed unless applicant(s) wish(es) to rely in whole or in part for this application. If so disclosed, the nature and source of such income should be described.						
Gross Income:		Other Income and Sources:		Co-Applicants Gross Income:		Other Income and Sources:
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
\$		\$		\$		\$
LIST ASSETS INDICATED AND CURRENT OBLIGATIONS – ATTACH ADDITIONAL SHEET IF NECESSARY						
Indicate if Individually (I) or Jointly (J) held				Present Balance		Monthly Payment
Mortgage or Rent to Whom Paid		Address	Purchase Price	Value		
			\$	\$		
Auto Yr. Make Model:		Financed By:				
Other Debts:		Account #:				
		Total:				
Checking Account (Bank) (Account #) (\$Balance)				Savings Account (Bank) (Account #) (\$Balance)		
This Overdraft Protection and Revolving Line of Credit is to be used with My Checking Account Number (10 digits)						

Both applicants or both depositors (if joint checking account) must sign this application in space below. I/We authorize you to make whatever credit inquiries you consider necessary concerning the statements made in this loan application. I/We agree that the application shall remain your property whether or not the loan is granted. I also agree that you may give information regarding my experience with you to credit bureaus and other proper persons. I/We have carefully read the answers given above and certify that they are correct to the best of my/our knowledge. I/We agree to be bound by the terms of the Overdraft Protection Line of Credit Agreement. A description of which will be provided to me if approved.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

