



Collateral Loan
CD or Savings

Certificate of Deposit #

Savings Account #:

Proceeds of loan
to be used for:

Amount:

Term:

All owners of deposit account must pledge security

Please check one:

- Demand
Installment

Please check one:

- Individual Request
Joint Request

Applicant:

SS#

Address:

How long:

Date of Birth

Home Phone:

Work Phone:

Co-Applicant:

SS#

Address:

How long:

Date of Birth

Home Phone:

Work Phone:

Signatures: I certify that everything I have stated in this application and on any attachments are correct. You may keep this application whether or not it is approved. By signing below I authorize Legacy Banks to check my credit and employment history in connection with this application or for renewal or update purposes.

Applicant:

Date:

Co- Applicant:

Date:

Application taken by:

Branch: