

FOR BANK USE ONLY							
DATE			ACCOUNT #				
INTEREST RATE			LOAN AMOUNT REQUESTED \$				
NO. OF MONTHS			PMT DATE				
PURPOSE OF	LOAN						

					KAIL					LLQUI	LOILD \$				
BANK AND TRUST					NO. OF MONTHS			ATE							
					PURPO	SE OF I	LOAN					•			
Coldwater / Sturgis / Re	ading / Bronson	n / Nottawa / Qu	incy / Thre	ee Rivers					ification documented the CIP P			oplicant(s	i). I have o	orrectly cop	ied the
		Member	F.D.I.C.	ENDER.		APPR	OVED B	Y		Γ	DECLINED E	BY			
CONSUMER CRE	EDIT APPI	<i>ICATION</i>			1				L						
	TYPE	OF CREDIT	Γ REQU	ESTED							CREDI	T LIF	E INS	URANCI	E
☐ INDIVIDUAL CRI	EDIT - relving	solely on my in	come or as	sets						NO	O INSURAN	CE			
☐ INDIVIDUAL CRI					rome or	accetc f	rom			NOT ELIGIBLE					
	DDII Terying	other sources	or assets as	wen as me	onic or	assets 1	10111			SI	NGLE LIFE	& A&I	H		
☐ JOINT CREDIT -	We intend to ap	ply for joint cree	dit			_				SINGLE LIFE					
			appli	icant joi	int application	ant				JO	INT LIFE				
UNSECURED	SECURED		LLATERA												
SECTION A – INFO	RMATION	REGARDIN	NG APPI	LICANT					POF	Т#					
FIRST NAME	MIDDI	E LAST 1	NAME				]	DATE	OF BIRTH	SO	CIAL SECU	RITY #			
	•	•								,					
ARE YOU A US CITIZEN	Yes	No						n lan	m · A GODE	lan	van				
PRESENT ADDRESS		CITY					STAT	E Z	IP + 4 CODE	SII	NCE				
PREVIOUS ADDRESS		CITY			STATE ZIP + 4			IP + 4 CODE	4 CODE E-MAIL ADDRESS						
TRE VIOUS ABBRESS							31711		II - TOODE		WITHE THE PROPERTY.	CLOD			
DRIVER'S LICENSE #		ISSUE DATE	JE DATE EXP DATE			CELL PHONE			NE	HOME PHONE					
EMPLOYER		ADDRESS	DRESS			WORK PHONE SUP			SUPERVIS	SUPERVISOR DA			IIRE		
POSITION		GROSS MON	OSS MONTHLY INCOME			PREVIOUS EMPLOYER			DATE OF HIRE						
ALIMONY, CHILD SUPPORT, OR SEPA	RATE MAINTENANCE	INCOME NEED NOT TO	BE REVEALED	O IF YOU DO NO	T WISH TO	HAVE IT C	ONSIDEREI	AS A B	BASIS FOR REPAYI	NG THIS	OBLIGATION.				
SOURCES OF OTHER INCO	OME: ALIMONY,	CHILD SUPPORT	, ETC.												
		\$					PER W	EEK		☐ PE	ER MONTH				
CHECKING ACCOUNT NO. WHERE			ЕВВ			BALANCE				DATE OPEN					
SAVINGS ACCOUNT NO. WHERE		WHERE	RE E			BALANCE				DATE OPEN					
NEAREST RELATIVE	EAREST RELATIVE NAME ADDRESS			REI			RELATION	RELATIONSHIP							
PERSONAL REFERENCE	NAME		ADE	DRESS					1		PHO	NE			

SECTION B – INFOR	RMATION	REGA	RDING JO	INT APPL	ICAN'	T			PORT	#			
FIRST NAME MIDDLE		Е	LAST NAME				D	ATE	OF BIRTH	SOCIAL S	SOCIAL SECURITY #		
	•		•							•			
ARE YOU A US CITIZEN	Yes		No										
PRESENT ADDRESS			CITY					STATE ZIP + 4 CODE SINC					
PREVIOUS ADDRESS			CITY			S	STATE	ZII	P + 4 CODE	DDE E-MAIL ADDRESS			
DRIVER'S LICENSE #		ISSU	E DATE	EXP DATE		CELL PHONE		NE		HOME PHONE			
EMPLOYER		ADD	RESS			K PHONE	SUPERV		SUPERVISO	R	DATE OF HIRE		
POSITION		GRO	GROSS MONTHLY INCOME			PREVIOUS EMPLOYER			ER		DATE OF HIRE		
ALIMONY, CHILD SUPPORT, OR SEPARA SOURCES OF OTHER INCO				LED IF YOU DO NOT	WISH TO	l HAVE IT CONSI	IDERED .	AS A BA	ASIS FOR REPAYING	THIS OBLIGATI	ION.		
		\$				☐ PE	R WE	EEK		PER MO	NTH		
CHECKING ACCOUNT NO.		WHERE	HERE		BALANCE			DATE OPEN					
SAVINGS ACCOUNT NO. W		WHERE	HERE		BALANCE		Dz		ATE OPEN	TE OPEN			
NEAREST RELATIVE	NAME		ADDRESS						RELATIONSHIP		PHONE		
PERSONAL REFERENCE NAME		A	ADDRESS							PHONE			

SECTION C – DEBT INFORMA Information about both the Appli only give information about the A	icant and Joint Applicant or				ation with an "A".	If Section B was not completed,		
THE FOLLOWING ARE ALL THE DEBT INCLUDING ALIMONY, CHILD SUPPO	ATTACH A SEPARATE SHEET IF NECESSARY							
,								
NAME OF BANK, COMPANY OR INDIV NAME ADDRESS	'IDUAL	ACCOUNT NO.	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENTS	COLLATERAL		
LANDLORD OR MORTGAGE HOLDER	BUYING							
LANDLORD OR MORTGAGE HOLDER	RENTING							
ALIMONY, CHILD SUPPORT OR MAIN	TENANCE PAYMENT							
SEE ATTACHED DEBT ADDE	NDUM							
PROJECTED PAYMENT ON THI	S LOAN REQUEST	•	•		\$			
TOTAL: FIXED PAYMENTS					\$			
DEBT / INCOME RATIO								
Monthly Fixed payments \$		= DTI RATIO						
I (we) certify that everything I (we) have approved. By signing below I(we) auth information at your request if my (our) fi	orize you to check my(our) credit and					In this Application whether or not it is not it is not it is understand that I (we) must update credit		
Signature of Applicant Signature of Co-Applicant								

## **CREDIT INSURANCE DISCLOSURE**

Applicant:		Lender:	Century Bank and Trust 100 West Chicago Street Coldwater, MI 49036	
			(517) 278-1500	
You have applied to CENTURY BANK AND TRUST for	or the following loan o	r other extension of	credit: CONSUMER	
CENTURY BANK AND TRUST MAY NOT CONDITION	ON THE LOAN OR O	THER EXTENSION	OF CREDIT ON EITHER OF TH	E FOLLOWING:
*YOUR PURCHASE OF AN INSURANCE PRO	DUCT OR ANNUITY F	FROM CENTURY BA	ANK AND TRUST, OR ANY OF	ITS AFFILIATES.
*YOUR AGREEMENT NOT TO OBTAIN, OR A AN UNAFFILIATED ENTITY.	PROHIBITION ON YO	OUR OBTAINING, A	N INSURANCE PRODUCT OR	ANNUITY FROM
By signing below, I acknowledge that the above dis extension of credit referred to above.	sclosures have been i	made to me orally a	and in writing at the time I appl	ed for the loan or other
APPLICANT:				
×		X		
Applicant	Date	Co-Applicant		Date
LENDER:				
CENTURY BANK AND TRUST				
X				
Authorized Signer	Date			