

CHECKING ACCOUNT OVERDRAFT LINE OF CREDIT APPLICATION

Please mail or return the completed application to any Winter Hill Bank office. Upon approval of your application, we will notify you of your overdraft protection limit.

NOTE: In order to qualify for consideration for an Overdraft Line of Credit, you must have a Winter Hill Bank personal checking account.

ALL ACCOUNT OWNERS NAMED ON THE LINKED NOW/CHECKING ACCOUNT MUST COMPLETE AND SIGN THIS APPLICATION.

PERSONAL INFORMATION APPLICANT:

Name (First) (Middle Initial) (Last)		
Date of Birth Social Security No. Home Phone ()		
Street Address		
City State Zip		
Own, Rent, or Live w/ Parents Years & Months There No. of Dependents		
Previous Address Years & Months There		
Current Employer Years & Months There		
Employer Address		
() Business Phone Position Gross Monthly Salary		
Previous Employer and Address Years & Months There		
Mothers Maiden Name:		

PERSONAL INFORMATION CO-APPLICANT:

Name (First) (Middle Initial) (Last)		
Date of Birth Social Security No. Home Phone ()		
Street Address		
City State Zip		
Own, Rent, or Live w/Parents Years & Months There No. of Dependents		
Previous Address Years & Months There		
Current Employer Years & Months There		
Employer Address		
() Business Phone Position Gross Monthly Salary		
Previous Employer and Address Years & Months There		
Mothers Maiden Name:		

OTHER INCOME: Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

Description	Amount \$
Description	Amount \$

Description	Amount \$
Description	Amount \$

BANKING INFORMATION APPLICANT:

Checking Account Bank	Account Number	Balance
Savings Account Bank	Account Number	Balance

BANKING INFORMATION CO-APPLICANT:

Checking Account Bank	Account Number	Balance
Savings Account Bank	Account Number	Balance

CREDIT REFERENCES APPLICANT AND CO-APPLICANT: Please list all debts currently owed, including Banks, Finance Companies, Stores, and Credit Cards. If none, enter paid credit references. Please indicate if the reference is for the applicant, co-applicant, or both by checking the appropriate line. Failure to disclose all debts may result in disqualification of this application. (ATTACH SEPARATE SHEET IF NECESSARY.)

Creditor	Account Number	Original Amount	Unpaid Balance	Mortgage or Rent Payment	Account in Name of:	
					Applicant	Co-Applicant
Mortgage Bank or Landlord Name						
Auto Loan						
Other						
Other						
Other						
Other						

Are you obligated to pay alimony, child support or separate maintenance? YES, \$_____/month NO

NOW/CHECKING OVERDRAFT PROTECTION APPLICATION

APPLICANT SIGNATURE (S): I/We certify that the information stated in this application is true and accurate. This application will remain the property of the Bank. I/We authorize the Bank to obtain any credit and employment information that it requires in connection with this application, credit renewals, extensions and any collection activities and to provide information to others about the Bank's credit experience with me/us. I/we agree to be bound by all terms and conditions in the NOW/Checking Overdraft Protection Line of Credit Agreement, a copy of which will be provided to me/us if the Bank approves this application.

We intend to apply for joint credit _____
Applicant Co-Applicant

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

For Bank Use Only

Date Rec. _____ Date Approved _____ Approved by _____

Credit Line Amount \$ _____

YOUR WINTER HILL BANK RATES AND FEES FOR OVERDRAFT PROTECTION

Annual Percentage Rate for Purchases (Fixed)	18% APR
Variable Rate Information	Does Not Apply
Method for Computing the Balance	Average daily balance method.
Annual Participation Fee	\$20.00
Late Payment Fee	\$10.00 or 10% of the outstanding balance, whichever is less.
Return Check Fee	\$25.00

The above rates and fees were accurate as of 1/14/08 and are subject to change.

You may call us at 1-800-444-4300 for any changes.