

Personal Loans... Expect the Exceptional.

Personal Loans

Meet your needs for extra cash with a Pascack Community Bank Personal Loan. Whatever the purpose, we can provide you with the money you need and terms you can live with.

Automobile Loans

Buying a new or used car is easy with our Automobile Loan. We can approve your loan before you decide on a vehicle providing you with a "cash-in-hand" bargaining advantage on the purchase. When you're ready to buy, Pascack Community Bank is ready to put you in the driver's seat to negotiate the best deal.

Cash Reserve Checking Accounts

Cash Reserve Checking is a credit account ideal for protecting your regular checking account from overdrafts. If an overdraft occurs, cash is advanced into your checking account automatically.

Pascack Community Bank Cash Reserve Checking offers a fixed rate of interest. Repayment is simple through automatic monthly payments deducted from your checking account. Additional payments may be made at any time.

Banking That's Exceptional

Pascack Community Bank is ready to meet your financial needs with a variety of consumer loans at competitive rates and convenient terms. If you need a loan, we have one that's right for you.

We will reduce your interest rate by 1/4% on Personal, Automobile and Home Equity Loans when you have monthly payments automatically deducted from your Pascack Community Bank Checking Account.

Pascack Community Bank. We're headquartered locally. We're convenient. We're responsive. We are the bank that you can "Expect the Exceptional".



PERSONAL LOAN APPLICATION

21 Jefferson Avenue
Westwood, New Jersey 07675
Tel: (201) 722-4722 Fax: (201) 722-4795

25 Main Street
Hackensack, New Jersey 07601
Tel: (201) 342-7950 Fax: (201) 342-7908



www.pascackbank.com

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING APPLICATION.
If this is an application for individual credit and you are relying on your own income or assets and not the income or assets of a spouse or other person as a basis for the extension and repayment of the credit requested, complete only the Applicant section and sign the application.

If this is an application for joint credit or if this is an application for individual credit but you are relying on the income or assets of a spouse or other person as a basis for the extension and repayment of the credit requested, both the 1st Applicant and 2nd Applicant sections should be completed. If this is an application for joint credit, both parties should sign the application.

SECTION 1: WHAT KIND OF LOAN DO YOU NEED?

<input type="checkbox"/> PERSONAL LOAN COMPLETE SECTIONS 1 THROUGH 6 <input type="checkbox"/> CASH RESERVE CHECKING COMPLETE SECTIONS 1 THROUGH 6 <input type="checkbox"/> AUTO LOAN COMPLETE SECTIONS 1 THROUGH 7	<p><u>PLEASE CHECK ONE</u></p> <input type="checkbox"/> INDIVIDUAL CREDIT <input type="checkbox"/> JOINT CREDIT <input type="checkbox"/> INDIVIDUAL CREDIT RELYING ON INCOME OF SPOUSE OR ANOTHER PERSON
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AMOUNT REQUESTED \$ _____ NUMBER OF MONTHS _____ DUE DATE DESIRED _____ PURPOSE _____

SECTION 2: TELL US ABOUT YOURSELF (APPLICANT)

FIRST, MIDDLE INITIAL, LAST NAME OF APPLICANT						SOCIAL SECURITY NUMBER		
STREET ADDRESS			APT. NO.	CITY		COUNTY	STATE	ZIP CODE
<input type="checkbox"/> OWN <input type="checkbox"/> BUYING <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/RELATIVE	YEARS THERE	HOME PHONE	Mo.	BIRTH DATE Day	Year	NUMBER OF DEPENDENTS	AGES	DRIVER'S LICENSE NO.
PREVIOUS ADDRESS			CITY			STATE	ZIP CODE	YEARS THERE
PRESENT EMPLOYER		ADDRESS			BUSINESS PHONE ()		POSITION/TITLE	YEARS THERE
PREVIOUS EMPLOYER <small>(if with present employer less than three years)</small>		ADDRESS			BUSINESS PHONE ()		POSITION/TITLE	YEARS THERE
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						PRESENT SALARY OR COMMISSION \$ _____ <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
OTHER INCOME \$ _____ <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		SOURCES OF OTHER INCOME			Have You Been Bankrupt In The Last 10 Years? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes provide details on a separate sheet of paper	
					Has a judgment been entered against you or your salary garnished in the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION 3: TELL US ABOUT YOURSELF (CO-APPLICANT)

FIRST, MIDDLE INITIAL, LAST NAME OF APPLICANT						SOCIAL SECURITY NUMBER		
STREET ADDRESS			APT. NO.	CITY		COUNTY	STATE	ZIP CODE
<input type="checkbox"/> OWN <input type="checkbox"/> BUYING <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/RELATIVE	YEARS THERE	HOME PHONE	Mo.	BIRTH DATE Day	Year	NUMBER OF DEPENDENTS	AGES	DRIVER'S LICENSE NO.
PREVIOUS ADDRESS			CITY			STATE	ZIP CODE	YEARS THERE
PRESENT EMPLOYER		ADDRESS			BUSINESS PHONE ()		POSITION/TITLE	YEARS THERE
PREVIOUS EMPLOYER <small>(if with present employer less than three years)</small>		ADDRESS			BUSINESS PHONE ()		POSITION/TITLE	YEARS THERE
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						PRESENT SALARY OR COMMISSION \$ _____ <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
OTHER INCOME \$ _____ <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		SOURCES OF OTHER INCOME			Have You Been Bankrupt In The Last 10 Years? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes provide details on a separate sheet of paper	
					Has a judgment been entered against you or your salary garnished in the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION 4: PROVIDE US WITH SOME FINANCIAL REFERENCES (if you need more space use a separate sheet.)

CHECKING ACCOUNT (Bank Name, Branch, and Address)	<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT	ACCOUNT NUMBER	BALANCE \$ _____
SAVINGS ACCOUNT, CERTIFICATES, IRA OR OTHER (Bank Name, Branch, and Address)	<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT	ACCOUNT NUMBER	BALANCE \$ _____

SECTION 5: PROVIDE US WITH SOME PERSONAL REFERENCES

NAME OF A RELATIVE NOT LIVING WITH YOU	ADDRESS	RELATIONSHIP	TELEPHONE NUMBER ()
NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU	ADDRESS	RELATIONSHIP	TELEPHONE NUMBER ()

SECTION 6: YOUR FINANCIAL OBLIGATIONS (include Charge Accounts, Installment Contract, etc. Use separate sheet if necessary.)

NAME OF COMPANY OR BANK	ACCOUNT NUMBER	PRESENT BALANCE	MONTHLY PAYMENT	ACCOUNT IN NAME OF
RENT/MTG.				<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT
				<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT
				<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT
				<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT
				<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT
				<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT
OTHER DEBTS (Including Obligations, Suits, Judgment, Legal Claims, Child Support, Maintenance Payments, as well as Co-borrower/Guarantor of other financial obligations)				<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-APPLICANT

SECTION 7: DESCRIPTION OF AUTOMOBILE

NEW USED YEAR _____ MAKE _____ CASH PRICE \$ _____ DOWN PAYMENTS \$ _____ CASH TRADE

SIGNATURES: PLEASE READ BEFORE SIGNING

In the following paragraph the words "I, me, and my" refer to all persons signing below and/or "you and your" refer to the lender. I declare that information in this application is true and complete. no suits, judgements, bankruptcy proceedings, or legal claims are now pending against me. you may investigate the information in the application. I authorize any individual or consumer reporting agency to give you additional information. This application will remain your property. You may provide information to others whether or not credit is granted.

X	X	
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE
DATE	DATE	DATE