

# Security Bank

*Loan Center  
300 South Grand West  
Springfield, Illinois 62704  
217/789-3500  
Fax 217/789-3510*

## AUTHORIZATION FORM

I hereby authorize **Security Bank, SB**, the “Lender” to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my loan application. I further authorize **Security Bank, SB** (the lender) to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references and in addition **Security Bank, SB** may order a payoff statement. It is further understood that this authorization may be used for quality control review. It is understood that a photocopy of this form will serve as authorization.

I/We further authorize **Security Bank, SB** to provide any and all information contained in the loan application to the credit bureau in order to facilitate the reporting of credit information to **Security Bank, SB**.

The information the lender obtains is only to be used in the processing of my application for a loan.

Dated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SECURITY BANK CREDIT APPLICATION

## TYPE OF CREDIT REQUESTED

IMPORTANT: Check the appropriate boxes below and complete the applicable sections.

SECURED     INDIVIDUAL CREDIT - relying solely on my income or assets  
 UNSECURED     INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources  
 JOINT CREDIT

**FOR CREDITOR USE**

DATE \_\_\_\_\_ CLASS NO. \_\_\_\_\_  
 ACCOUNT NO. \_\_\_\_\_  
 APPROVED  BY \_\_\_\_\_  
 DECLINED  BY \_\_\_\_\_

AMOUNT REQUESTED \$	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR
------------------------	--------------	----------------------	---	---------------------------------

## SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)

BIRTHDATE / /	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDANTS	AGES OF DEPENDANTS
------------------	---------------	----------------------	---------------------	----------------	--------------------

ADDRESS (Street, City, State & Zip)	COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
-------------------------------------	--------	---	----------

PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)	COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
---	--------	--	----------

EMPLOYER (Company Name & Address)	HOW LONG
-----------------------------------	----------

BUSINESS PHONE	Ext.	POSITION OR TITLE	GROSS: \$	SALARY PER MONTH NET: \$
----------------	------	-------------------	-----------	-----------------------------

PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG
--	----------

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
--	--------------	-----------------------------------

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

Alimony, child support, separate maintenance received under:  Court Order     Written Judgement     Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
-------------------------	------------------------

Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
--	--

## SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)

BIRTHDATE / /	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDANTS	AGES OF DEPENDANTS
------------------	---------------	----------------------	---------------------	----------------	--------------------

RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)	HOW LONG?
------------------------------------	---	-----------

EMPLOYER (Company Name & Address)	HOW LONG
-----------------------------------	----------

BUSINESS PHONE	Ext.	POSITION OR TITLE	GROSS: \$	SALARY PER MONTH NET: \$
----------------	------	-------------------	-----------	-----------------------------

PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG
--	----------

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

Alimony, child support, separate maintenance received under:  Court Order     Written Judgement     Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
-------------------------	------------------------

Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
--	--

## SECTION C - MARITAL STATUS

Complete only if: for joint credit or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)



EXHIBIT A

ADDENDUM

JOINT APPLICATION ACKNOWLEDGEMENT

APPLICATION FOR CREDIT RELATING TO A CONSUMER LOAN.

We, the undersigned, intend to apply for joint credit in the attached application.

X \_\_\_\_\_  
Applicant Date

X \_\_\_\_\_  
Co-Applicant Date

**Certification Required by Illinois' "Deposit of State Moneys Act"**

Illinois law requires this financial institution to obtain a certification from each loan applicant ("Applicant") indicating that Applicant is not a "forbidden entity" as defined in Section 22.6 of the Deposit of State Moneys Act. Applicant is only a "forbidden entity" if: Applicant is associated with or controlled by the government of the Republic of the Sudan; Applicant is organized under the laws of the Republic of the Sudan or has its principal place of business there; Applicant is identified on the United States Department of the Treasury's Office of Foreign Assets Control (OFAC) list as being sponsor of terrorism or has been fined, penalized or sanctioned by OFAC as a result of any contacts relating to the Republic of the Sudan after January 27, 2006; or Applicant fails to certify that Applicant does not own any asset in, does not have employees or facilities located in, does not make or purchase investments in and does not do business of any kind with the Republic of the Sudan or any company domiciled there.

The signature (or initials) below represent the certification by Applicant that Applicant does not own any asset in, does not have employees or facilities located in, does not make or purchase investments in, and does not do business of any kind with the Republic of the Sudan or any company domiciled there and that Applicant is not otherwise a "forbidden entity" as defined in Section 22.6 of Illinois' Deposit of State Moneys Act.

This certification requirement is imposed on Applicant and on this financial institution by the laws of the State of Illinois, and is not a requirement that is within the discretion of this financial institution.

Signature (or initials) of Applicant: \_\_\_\_\_

Applicant's title (if signing or initialing in a representative capacity): \_\_\_\_\_

Date: \_\_\_\_\_ , \_\_\_\_\_