

## **Non Home Loan Consumer Application**

Impact Bank is located solely within the State of Kansas, county of Sumner, USA. Our trade area includes Sumner County and under certain circumstances neighboring counties including Sedgwick, Harper, and Cowley. Applications outside our trade area will not be accepted through the Internet.

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

#### \* Required Fields

#### **Non Home Loan Consumer Application**

Requested Loan Amount:\* \$ .00

Purpose of Loan:\*

If Purpose of Loan involves a vehicle, please provide the Year,

Make, Model and Mileage:

Please read following directions before completing this application, and choose the appropriate circle.

#### **Individual Credit**

Check here if you are applying for individual credit. This means you are applying in your own name and are relying on your own income or assets, NOT those of another person as the basis for repayment.

Complete only the applicant information.

#### Joint Credit

Check here if you are applying for joint credit. This means you are applying for credit with another person and will be relying on both your and their income or assets as the basis for repayment.

We intend to apply for joint credit.

Applicant: (please initial)

Co-Applicant: (please initial)

(Required if Joint Credit selected)

Complete both the applicant information and, the coapplicant information.

#### **Applicant Information**

Are you an existing customer of Impact Bank?

Yes No

First Name:\*

Middle Initial:

Last Name:*					
Date of Birth:*	/ (mm/dd/yyy)	/			
Mother's Maiden Name:					
Telephone Number:*	-	-			
Email Address:					
Address Information					
Street Address:*	(If Military, Al	PO, or FPO Addr	ess or if N/A	A, Next of Kin or Friend.)	
City/State/Zip Code:*		/		/	
Number of Years in Residence:					
Mailing Address: (if different than current)					
City/State/Zip Code:		/		/	
Previous Address:					
City/State/Zip Code:		/		/	
Number of Years in Residence:					
Applicant Personal Id	entificatio	n Informatio	n		
Social Security Number:*	-	- or Ta	ax ID Numbe	er:	
Driver's License Number:*					
State Issued:*					
Date Issued:*	/ (mm/dd/yyy)	/			
Date Expires:*	/ (mm/dd/yyy)	/			
State ID Number:					
State Issued:					
Date Issued:	/ (mm/dd/yyy)	/			
Date Expires:	/ (mm/dd/yyy)	/			
Other ID: (Military ID, Tribal ID, etc)					
Additional Applicant I	nformation	n			
Number of Dependants:					
Ages of Dependants:					
Checking Account Number:			Institution of	or Branch:	
Savings Account Number:			Institution	or Branch:	

If Applying For Secured Credit:*	Ma	arried	S	eparated	Unmarri	ed (	(single, divorced, widowed)
Name of Nearest Relative:* (not living with you)							
Relative's Street Address:*							
City/State/Zip Code:*					/	/	
Relationship:*							
Telephone Number:*		-	-				
Applicant Employm	ent	Info	rma	ition			
Present Employer:*							
Position:							
Work Address:							
City/State/Zip Code:					/	/	/
Years Employed with this company:							
Name of Supervisor:							
Annual Gross Salary:*	\$		.00				
Present Net Salary or Commission:		%					
Hourly Wage: (if applicable)	\$						
Hours Worked per Week:							
Previous Employer:							
Years Employed with this company:							
Previous Employer Address:							
City/State/Zip Code:					/	/	
Other Income Amount:	\$			Weekly	Monthly		Yearly
Alimony, child support, or sepa as a basis for repaying this ob			nance	income n	eed not be	rev	ealed if you do not wish to have it considered
Alimony, child support or separated maintenance income received under:	Co	ourt Or	der	Written	Agreement		Oral Understanding
Source of Other Income:							
Is any income in this section likely to be reduced before the credit requested is paid off?	No	o Y	es	lf Yes, Εχμ	olain:		

..

Co-Applicant Inform	mation					
Are you an existing customer of Impact Bank?	Yes	No				
First Name:*						
Middle Initial:						
Last Name:						
Date of Birth:*	/ (mm/dd/yy	/ /y)				
Mother's Maiden Name:						
Telephone Number:*	-	-				
Email Address:						
Address Information						
Street Address:*	(If Military,	, APO, or FP	O Address or if	N/A, Next of Kin or	Friend.)	
City/State/Zip Code:*			1	1		
Number of Years in Residence:						
Mailing Address: (if different than current)						
City/State/Zip Code:			1	1		
Previous Address:						
City/State/Zip Code:			1	1		
Number of Years in Residence:						
Co-Applicant Persona	al Identif	ication In	formation			
Social Security Number:*	-	-	or Tax ID Nur	mber:		
Driver's License Number:*						
State Issued:*						
Date Issued:*	/ (mm/dd/yy	/ /y)				
Date Expires:*	/ (mm/dd/yy					
State ID Number:						
State Issued:						
Date Issued:	/ (mm/dd/yy	/ /y)				
Date Expires:	/ (mm/dd/yy	/ /y)				
Other ID: (Military ID, Tribal ID, etc)						

Additional Co-Applica	ant Intorn	nation			
Number of Dependants:					
Ages of Dependants:					
Checking Account Number:			Institution	or Branch:	
Savings Account Number:			Institution	or Branch:	
Credit:*	Married	Separated	Unmarried	d (single, divorced, widow	/ed)
Name of Nearest Relative:* (not living with you)					
Relative's Street Address:*					
City/State/Zip Code:*			1	1	
Relationship:*					
Telephone Number:*	-	-			
<b>Co-Applicant Empl</b>	oyment	Informatio	n		
Present Employer:*					
Position:					
Work Address:					
City/State/Zip Code:			1	1	
Years Employed with this company:					
Name of Supervisor:					
Annual Gross Salary:*	\$	.00			
Present Net Salary or Commission:	%				
Hourly Wage: (if applicable)	\$				
Hours Worked per Week:					
Previous Employer:					
Years Employed with this company:					
Previous Employer Address:					
City/State/Zip Code:			1	1	
Other Income Amount:	\$	Weekly	Monthly	Yearly	
Alimony, child support, or sep as a basis for repaying this of		enance income n	eed not be re	evealed if you do not wis	n to have it considered
Alimony, child support or separated maintenance income received under:	Court O	rder Written	Agreement	Oral Understanding	
Source of Other Income:					
Is any income in this section likely to be reduced before the credit requested is paid	No Y	es If Yes, Ex	plain:		

off?

## **List All Assets Owned**

Note: Please provide the following information for both the Applicant and the Co-Applicant:

Description of Assets	Value	Subject to	o Debt	Names of Owners
Cash	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Cash Value of Life Insurance (Issuer, Face Value)	\$	Yes	No	
Real Estate (Location, Date Acquired)	\$	Yes	No	
Marketable Securities (Issuer, Type, No. of Shares)	\$	Yes	No	
Other (List)	\$	Yes	No	

Total:

\$

# Co-Applicant

Description of Assets	Value	Subject to	Debt	Names of Owners
Cash	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Automobiles (Make, Model, Year)	\$	Yes	No	
Cash Value of Life Insurance (Issuer, Face Value)	\$	Yes	No	
Real Estate (Location, Date Acquired)	\$	Yes	No	
Marketable Securities (Issuer, Type, No. of Shares)	\$	Yes	No	
Other (List)	\$	Yes	No	

Total:

## **Outstanding Debts**

Note: Include charge accounts, installment contracts, credit cards, rent mortgages, etc.

\$

Note: Include charge accounts, installment contracts, credit cards, fent mortgages, etc.						
Creditor	Type of Debt or Account #	Name in Which Account is Carried	Original Debt \$	Present Balance \$	Monthly Payments	Past Due?
Landlord or Mortgage Holder	Rent Mortgage		(Omit Rent)	(Omit Rent)	(Rent)	Yes No
						Yes No

No Yes



# Type Amount Weekly Monthly Alimony \$ Do you presently pay: Support \$ Maintenance \$

Other Monthly Obligations (excluding liability to pay alimony, child support, separate maintenance.)

Yes If "Yes", For Whom:

No

Have you declared

years? \*

bankruptcy in the last 10

Is any income listed on this application likely to be reduced before the credit request is paid off? If "Yes",						
Explain:						
Are you a co-maker, endorser, or guarantor on any loan or contract? *	Yes If "Yes", For Whom:	To Whom:				
Are there any unsatisfied judgements against you? *	Yes If "Yes", For Whom:	To Whom:				

To Whom:

Applicant Insurance Please complete the following se	e Information ection if securing this loan with a vehicle or property.
Insurance Agent:	
Insurance Agent Address:	
City/State/Zip Code:	1
Insurance Agent Telephone:	
Secured Credit  Note: Complete only if credit is t	o be secured.
Briefly describe the property to be given as security:	
Names and Addresses of All Co-Owners of the Property:	Name 1: Address: Name 2: Address: Name 3:
If the Security is Real Estate, Give the Full Name of Your Spouse (if any):	Address:
Bank to verify such information, to as Impact Bank deems appropriatime to time credit reports on you Impact Bank records. You agree	on, you certify that the information in it and on any attachments is correct and you authorize Impact o obtain credit reports, to verify any other credit references, and to make such other investigation atte. UPDATED FINANCIAL INFORMATION: Impact Bank may request from reporting agencies from and request new financial information directly from you or others for the purpose of updating to promptly provide such financial information to Impact Bank. Impact Bank may rely on such conscionary of the purpose of the purpose of updating to promptly provide such financial information to Impact Bank of any adverse change in your financial
credit cannot be conditioned on affiliates; or (2) Your agreement I	urance product may be offered with this product. If an insurance product is offered an extension of either of the following: (1) Your purchase of an insurance product from this Bank or any of our NOT to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated you agree that you have read and understand these Disclosures.
Applicant Signature:*	
Co- Applicant Signature:	

There is a small risk that information transmitted via Internet email could fall into the wrong hands, so Impact Bank suggests that confidential information, such as account numbers or social security numbers, not be transmitted via email. For protection of your financial information, we believe it is best to print completed forms and mail or drop them off at our nearest branch. Thank you.

(where applicable)

By completing this loan application, you certify that the information in it and on any attachments is correct and you authorize Impact Bank to verify such information, to obtain credit reports, to verify any other credit references, and to make such other investigation as Impact Bank deems appropriate. UPDATED FINANCIAL INFORMATION: Impact Bank may request from reporting agencies from time to time credit reports on you and request new financial information directly from you or others for the purpose of updating Impact Bank records. You agree to promptly provide such financial information to Impact Bank. Impact Bank may rely on such information to make credit decisions concerning your loan. You agree to notify Impact Bank of any adverse change in your financial condition.

CREDIT DISCLOSURES: An insurance product may be offered with this product. If an insurance product is offered an extension of credit cannot be conditioned on either of the following: (1) Your purchase of an insurance product from this Bank or any of our affiliates; or (2) Your agreement NOT to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this Application you agree that you have read and understand these Disclosures.

Applicant Signature:\*

Co- Applicant Signature: (where applicable)

There is a small risk that information transmitted via Internet email could fall into the wrong hands, so Impact Bank suggests that confidential information, such as account numbers or social security numbers, not be transmitted via email. For protection of your financial information, we believe it is best to print completed forms and mail or drop them off at our nearest branch. Thank you.

#### **CUSTOMER COPY • PLEASE RETAIN THIS PORTION FOR YOUR RECORDS**



24 N. Main Caldwell, KS 620.845.6444 206 E. Harvey Wellington, KS 620.326.3361

## FEDERAL CONSUMER CREDIT DISCLOSURES

<u>CREDIT DISCLOSURES:</u> An insurance product or annuity may be offered to you. If you purchase an insurance product or annuity: (1) The insurance product or annuity is <u>not a deposit or other obligation of</u>, or <u>guaranteed by</u>, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is <u>not insured</u> by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an <u>investment risk</u>, there is <u>investment risk</u> associated with the insurance product, including the <u>possible loss of value</u>. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

# **INSTRUCTIONS**

After completing this application please mail or deliver to a location listed above. If you need assistance in completing this application please feel free to call us at the phone number listed above.





We sincerely appreciate the opportunity to serve you.

**CUSTOMER COPY • PLEASE RETAIN THIS PORTION FOR YOUR RECORDS**