



UNION CENTER NATIONAL BANK
1180 Springfield Road, Union, NJ 07083 • (908) 688-9500 • Fax: (908) 688-1563

Heart Smart Life Line

Overdraft Protection Line of Credit Application

Date: _____	Amount Requested: \$ _____ (\$500-\$5,000)
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Name: _____	Name: _____
Address: _____	
Home Phone # _____	
SS #: _____	SS# _____
D/O/B _____	D/O/B _____
Employer Name and Address _____	
Employer Name and Address _____	
Position _____	Position _____
Work #: _____	Work # _____

The following information applies to credit requests from \$2,501-\$5,000 **

Annual Income: \$ _____	\$ _____
**Please submit copies of your two most recent W-2's and pay stubs.	
For self-employed borrowers, please submit copies of your two most recent Federal Tax Returns.	

Please link this Line of Credit to my Union Center Checking Account # _____
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Signature _____

Signature _____

CREDIT INQUIRIES

I/WE AUTHORIZE the Lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review of collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the lender any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended. All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested. Any willful misrepresentation on this application could result in criminal action