Falcon National Bank Overdraft Protection Request

Falcon NATIONAL BANK

Account Ownership: ☐ Individual ☐ Joint ☐ Trust ☐ Custodial

Account Number: _____

Limit Requested: ☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ Other

Falcon NATIONAL BANK

APPLICANT (Please Print Clearly)

Applicant Name: _____

Address: _____

City, State: _____

Home Phone: (___) _____ Bus. Phone: (__) _____

Social Security Number: _____

Time at Home Address: _____ Years _____ Months

Do you Own or Rent: _____ Own _____ Rent

Market Value of Home: $_____ Mortgage Balance $_____

Employer: _____ Years(same or related) _____

Gross Monthly Income: $_____ (If self-employed, list AGI form 1040)

Other Monthly Income: $_____ (i.e. Part time or other, rental income, retirement, disability, dividends, interest)

House/Rent Payments: $_____ Auto Payments: $_____

Other Monthly Payments: $_____

Birthdate: _____

CO-APPLICANT

Complete only if applicant is relying on this person's income to qualify and is applying for joint credit.

Applicant Name: _____

Relationship: _____

Address: _____ Zip: _____

City, State: _____

Home Phone: (__) _____ Bus. Phone: (__) _____

Social Security Number: _____

Employer: _____ Years (same or related) _____

Gross Mo. Income: $_____ (If self-employed, list AGI form 1040)

Other Monthly Income: $_____ (i.e. Part time or other, rental income, retirement, disability, dividends, interest)

Birthdate: _____

Please see your branch for a copy of the Falcon National Privacy Brochure. I (we) give Falcon National the right to obtain information about me (us) and my (our) accounts from credit reporting agencies. Before Falcon National opens my (our) account and from time to time after Falcon National opens my (our) account, I (we) agree that Falcon National may use this information to evaluate my (our) account application and to decide whether to continue my (our) account.

I (we) hereby certify that the above information is true, complete and correct. I (we) agree that if the information I (we) provided herein is inaccurate or is unable to be verified by Falcon National, Falcon National has the right, without notice, to suspend all activity on my (our) account including the right to dishonor (not pay) any checks or other transaction items I (we) have drawn or authorized on the account. I (we) also agree that if this information cannot be verified to the reasonable satisfaction of Falcon National within 30 days of the date Falcon National sends notice to me (us) requesting verification of the information, Falcon National has the right to close my (our) account.

Signature of Applicant _____ Date _____/_____/_____

Signature of Co-Applicant _____ Date _____/_____/_____

EQUAL HOUSING LENDER

Please Return All Applications To: Falcon National Bank, 183 Cedar Drive, Foley, MN 56329 or Fax to 320-968-6500

Member FDIC

FOR OFFICE USE ONLY:

Lender: _____ Amount: _____ Approval: _____ Date: _____/_____/_____

Notes: _____ Reason for Denial: _____