



Preferred CreditLineSM Overdraft Protection Application



AMERICAN
Savings Bank

Requested credit limit \$ _____ New Increase With Checking Without Checking
(Minimum \$500) Checking Acct# _____

Tell us about yourself

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER	BIRTH DATE	/	/
HOME ADDRESS		CITY / STATE / ZIP	HOW LONG?	PHONE	CELLULAR	
			YRS. MOS.			

Your employment

EMPLOYER (IF SELF-EMPLOYED, INCLUDE INCOME TAX RETURNS FOR PAST TWO YEARS.)	PHONE	HOW LONG?
		YRS. MOS.
ADDRESS	CITY / STATE / ZIP	JOB TITLE / MILITARY RANK
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS)	PHONE	HOW LONG?
		YRS. MOS.
ADDRESS	CITY / STATE / ZIP	JOB TITLE / MILITARY RANK
BRANCH OF SERVICE (MILITARY APPLICANTS ONLY)	ETS	ROTATION DATE

Co-applicant

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER	BIRTH DATE	/	/
HOME ADDRESS		CITY / STATE / ZIP	HOW LONG?	PHONE	CELLULAR	
			YRS. MOS.			
EMPLOYER			PHONE	HOW LONG?		
				YRS. MOS.		
ADDRESS	CITY / STATE / ZIP	JOB TITLE / MILITARY RANK				

Your financial information

APPLICANT'S MONTHLY GROSS INCOME	CO-APPLICANT'S MONTHLY GROSS INCOME	OTHER MONTHLY GROSS INCOME*	TOTAL MONTHLY GROSS INCOME
\$	+\$	+\$	=\$
SOURCE OF OTHER MONTHLY GROSS INCOME*			

*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.
Alimony, child support, or separate maintenance income received under: Court Order Written Agreement Oral Understanding

Obligations

MORTGAGE HOLDER / LANDLORD		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT	AMOUNT OWED
				\$	\$
AUTO LOAN (WHERE)	MONTHLY PAYMENT	AMOUNT OWED	CREDIT CARD (WHERE)	MONTHLY PAYMENT	AMOUNT OWED
	\$	\$		\$	\$

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law 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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Signature(s)

I (we) certify that the statements in this application are correct to the best of my (our) knowledge. I (we) understand that American Savings Bank will retain this application whether or not it is approved. American Savings Bank is authorized to check my (our) credit and employment history. I (we) agree to abide by the terms and conditions of the Preferred CreditLine Agreement, a copy of which will be sent with my (our) approval letter and it will be binding upon my (our) accessing said credit line, until I (we) or American Savings Bank cancels my (our) account as provided in it.

X _____
APPLICANT'S SIGNATURE

X _____
CO-APPLICANT'S SIGNATURE

DATE

DATE



Member FDIC

www.asbhawaii.com



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