What is a Ready Reserve Account?

A Ready Reserve account is a line of credit tied to your checking account that is activated when your account balance goes below zero. It is there to protect against overdrafts and offers you peace of mind in case of emergencies when you need cash. When you need an advance, an amount rounded up to the nearest $100 increment is deposited into your checking account to maintain a positive balance.

December 2009

TITONKA OFFICE

173 North Main Street
PO Box 309
Titonka, IA 50480-0309

Telephone:	515-928-2142
Toll Free:	800-920-2085
Fax:	515-928-2042

Office & Drive-up Hours:

Monday—Wednesday	8:00 a.m.—3:00 p.m.
Thursday	8:00 a.m.—6:00 p.m.
Friday	8:00 a.m.—5:00 p.m.
Saturday	9:00 a.m.—12:00 p.m.

FOREST CITY OFFICE

101 Hwy 69 North
Forest City, IA 50436-1650

Telephone:	641-585-3247
Toll Free:	866-985-3247
Fax:	641-585-3907

Office & Drive-up Hours:

Monday—Friday	8:30 a.m.—5:00 p.m.
Saturday	8:30 a.m.—12:00 p.m.

THOMPSON OFFICE

11723 Hwy 9
Thompson, IA 50478-7551

Telephone:	641-584-2275
Toll Free:	866-984-2275
Fax:	641-584-2575

Office & Drive-up Hours:

Monday—Thursday	8:30 a.m.—4:30 p.m.
Friday—Main Bank	8:30 a.m.—5:00 p.m.
Friday—Drive-up	8:30 a.m.—6:00 p.m.

E-Mail: info@tsbbank.com
Website: www.tsbbank.com

TSB BANK

FDIC

EQUAL HOUSING LENDER

MEMBER FEDERAL RESERVE SYSTEM

A FULL SERVICE BANK

READY RESERVE Brochure/ Application

TSB BANK

Bank of Friendly Service

READY RESERVE APPLICATION

Fill out this Ready Reserve application, answering all questions completely and accurately, and sign your name at the bottom. (Co-applicant must also sign if applying for a joint account.) Then drop off at your nearest TSB Bank office. Offer subject to approval.

TSB BANK

Your Checking Account To Be Protected: # ☐☐☐☐☐☐☐☐☐

Amount Requested. $ _____

MIN. $100 – MAX. $1000

Applicant Information

NAME (PLEASE PRINT) | SOCIAL SECURITY NUMBER ☐☐☐ ☐☐ ☐☐☐☐ | DATE OF BIRTH (MO., DAY, YR.) / /

STREET ADDRESS | CITY | STATE | ZIP | PHONE | HOW LONG AT THIS ADDRESS?

PREVIOUS ADDRESS (STREET, CITY, STATE & ZIP) IF LESS THAN 2 YEARS AT PRESENT ADDRESS (2-YEAR HISTORY REQUIRED) | HOW LONG AT THIS ADDRESS?

EMPLOYER NAME AND ADDRESS (CITY, STATE & ZIP) | GROSS MONTHLY SALARY* | HOW LONG EMPLOYED? | WORK PHONE

PREVIOUS EMPLOYER (NAME, STREET, CITY, STATE & ZIP) IF LESS THAN 2 YEARS AT PRESENT EMPLOYER (2-YEAR HISTORY REQUIRED) | HOW LONG EMPLOYED?

NEAREST LIVING RELATIVE NAME | CITY | STATE | ZIP | PHONE | RELATIONSHIP

NOTE: If you are self employed or commissioned, attach signed copies of your last two years' income tax returns and schedules. Information concerning an applicant's spouse or former spouse need NOT be revealed unless: a) the spouse will be permitted to use, or be contractually liable on, the account, b) applicant is relying on the spouse's income (or income from alimony, child support, or separate maintenance) as a basis for creditworthiness or repaying the credit, c) the applicant resides or the security property is located, in a community property state.

Co-Applicant Information

NAME (PLEASEPRINT) | SOCIAL SECURITY NUMBER ☐☐☐ ☐☐ ☐☐☐☐ | DATE OF BIRTH (MO., DAY, YR.) / /

STREET ADDRESS | CITY | STATE | ZIP | PHONE | HOW LONG AT THIS ADDRESS?

PREVIOUS ADDRESS (STREET, CITY, STATE & ZIP) IF LESS THAN 2 YEARS AT PRESENT ADDRESS (2-YE4R HISTORY REQUIRED) | HOW LONG AT THIS ADDRESS?

EMPLOYER NAME AND ADDRESS, CITY, STATE & ZIP | GROSS MONTHLY SALARY* | HOW LONG EMPLOYED? | WORK PHONE

PREVIOUS EMPLOYER (NAME, STREET, CITY, STATE & ZIP) IF LESS THAN 2 YEARS AT PRESENT EMPLOYER (2- YEAR HISTORYREQUIRED) | HOW LONG EMPLOYED?

*Additional Information you are not required to disclose income from alimony, child support, or separate maintenance payments. However, If you are relying on income from alimony, child support or separate maintenance payments as a basis for repayment of this obligation, please complete this section:

☐ APPLICANT ☐ CO-APPLICANT

MONTHLY ALIMONY | MONTHLY CHILD SUPPORT | MONTHLY MAINTENANCE

Personal Financial Information

FILED BANKRUPTCY IN LAST 10 YEARS? ☐ YES ☐ NO | IF YES, WHEN? | WHERE

FIRST MORTGAGE OR LANDLORD NAME | ADDRESS, CITY, STATE, ZIP

DATE PURCHASED (MO., DAY, YR.) / / | PURCHASE PRICE/RENT | CURRENT VALUE | BALANCE | PAYMENT

SECOND MORTGAGE COMPANY NAME (IF APPLICABLE) | BALANCE | PAYMENT

List All Other Debt

COMPANY/TYPE OF DEBT	ACCOUNT# (IF KNOWN)	BALANCE	PAYMENT
	#	$	$
	#	$	$
	#	$	$
	#	$	$
	GRAND TOTAL OF ALL DEBTS:	$	$

Authorization

I / We authorize you to check my credit and employment history and to answer questions about your credit experience with me. I understand that you will retain this application whether or not it is approved. The information I have provided in this application is complete, true, and correct, and can be relied on for the purpose of processing the application and credit extension. **I understand <u>that my account will be charged a fee of $20.00 upon approval and annually thereafter on the anniversary date of the approval.</u>** I understand that all persons signed on the signature card for this account may use this protection.

APPLICANT'S SIGNATURE | DATE | CO-APPLICANT'S SIGNATURE | DATE

☐ I'D LIKE MORE INFORMATION ON A PERSONAL LOAN. PLEASE CALL ME.

PHONE | BEST TIME TO CALL

(1/04)