

# Bank of Jackson Hole Overdraft Protection Application

Credit Limit Requested: \$ \_\_\_\_\_

Individual Account

Joint Account

Increase Credit Limit

## About Yourself (Applicant):

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: (PO Box) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: (Street Address, NO PO BOXES) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent  Own  Live with Parents

Monthly Payment: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Driver License Number and State: \_\_\_\_\_

Previous Address: (less than 3 years) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Nearest Relative Not Living with You: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relative's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**About your Job:**  Self Employed (please attach current financial statement and latest tax return)  Retired (please list last employer)

Current Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Annual Income (gross): \_\_\_\_\_ Other Income: \_\_\_\_\_ Total Income: \_\_\_\_\_

\*\*\*Type of Other Income (real estate, stock, retirement, etc). Income received from child support, alimony or maintenance is OPTIONAL information furnished only if you wish this income to be considered in evaluating your application:

Additional Employment  Investment Income  Other (please explain): \_\_\_\_\_

## About the Co-Applicant:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Annual Income (gross): \_\_\_\_\_ Number of years Employed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Financial Information:** Credit References: List only banks, bank cards, department stores and finance companies. List all other debts on separate sheet of paper.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Location: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Yes  No

Have you Filed Bankruptcy in the last 10 years: \_\_\_\_\_

Name of Credit Reference: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Account Number: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Name of Credit Reference: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Account Number: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**Please Sign Authorization:**

I/We certify that the information provided is true and complete and agree to be bound by all the terms and conditions of the Overdraft Protection Agreement, as applicable, and the Federal Truth in Lending Disclosure for the account which is included within this application. I hereby authorize Bank of Jackson Hole, or any credit bureau or other investigative agency employed by it, to investigate any information listed hereon or obtained from me or any other person pertaining to my financial responsibility. I understand that this offer is subject to verification of a satisfactory credit history.

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit (sign below):

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only:**

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Approved Amount: \_\_\_\_\_ Loan Officer Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

## Bank of Jackson Hole Overdraft Protection Agreement

### Terms and Conditions

Interest Rates and Interest Charges	
Annual Percentage Rate (APR)	<b>18.00%</b>
Paying Interest	We will begin charging interest on the transaction date.
Minimum Interest Charge	<b>None</b>
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>

Fees	
Annual Fee	<b>None</b>

**How We Will Calculate Your Balance:** We use a method called “Daily Balance (including new transactions).”

### Your Billing Rights: Keep this Document for Future Use

This notice tells you about your rights and our responsibilities under the Fair Credit Billing Act.

#### What To Do If You Find a Mistake on Your Statement

If you think there is an error on your statement, write to or call us at:

Bank of Jackson Hole, 990 W Broadway, PO Box 7000, Jackson, WY 83002-7000 (307) 733-8064

In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.
- At least 3 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

#### What Will Happen After We Receive Your Letter

When we receive your letter, we must do two things:

1. Within 30 days of receiving your letter, we must tell you that we received your letter. We will also tell you if we have already corrected the error.
2. Within 90 days of receiving your letter, we must either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

#### After We Finish Our Investigation, One Of Two Things Will Happen:

- *If we made a mistake:* You will not have to pay the amount in question or any interest or other fees related to that amount.
- *If we do not believe there was a mistake:* You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may then report you as delinquent if you do not pay the amount we think you owe.

If you receive our explanation but still believe your bill is wrong, you must write to us within *10 days* telling us that you still refuse to pay. If you do so, we cannot report you as delinquent without also reporting that you are questioning your bill. We must tell you the name of anyone to whom we reported you as delinquent, and we must let those organizations know when the matter has been settled between us.

If we do not follow all of the rules above, you do not have to pay the first \$50 of the amount you question even if your bill is correct.

#### Customer Agrees with Bank as follows:

1. To repay all sums advanced by Bank plus a **Finance Charge** (interest) computed by applying an **Annual Percentage Rate of 18% and a Periodic Rate of .04932%** to the daily outstanding balance in Customer's Reserve account.
2. That Bank will automatically deduct the monthly installment from Customer's checking account. Bank will furnish Customer a monthly statement showing the outstanding balance of Customer's account at the beginning of the billing cycle, all transactions thereunder including the new balance and applicable **Finance Charge**.
3. Bank has the right to amend or modify the terms of this Agreement including the **Finance Charge, Annual Percentage Rate & Periodic Rate** by mailing notice thirty (30) days prior to the effective date thereof to Customer's address as it appears on Bank's records. Customer or Bank may terminate this Agreement by giving written notice thereof to the other party; however, such termination shall not affect any liability with respect to any obligations created prior thereto.

#### Balance Computation Method

We figure [a portion of] the finance charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new [purchases/advances/fees], and subtract [any unpaid finance charges and] any payments or credits. This gives us the daily balance.

#### How Reserve Checking Works

1. **Bank of Jackson Hole Reserve Checking** is offered to our customers by application only. Once approved, account holder enjoys complete overdraft protection up to an approved limit.
2. Fill out the application attached, remove the disclosure and retain for your records.
3. Drop the completed application off to any branch location or mail it to:

Bank of Jackson Hole  
 Attn: Consumer Loan Officer  
 PO Box 7000  
 Jackson, WY 83002-7000

4. You will receive a response in writing from us within 10 business days of our receipt of the application.
5. Upon your approval, you simply write a check or use your Bank of Jackson Hole VISA<sup>®</sup> Debit Card. We will transfer the money from your Reserve Checking Line of Credit in increments of One Dollar (\$1) to your attached checking account to cover the overdrawn balance in the approved account. We will transfer any amount up to your approved limit or available credit.
6. Reserve Checking costs nothing unless you use the account. Payment can be made in one lump sum or can be paid with a low monthly payment and can be automatically deducted from your checking account each month.

*\*This information about the cost of the Reserve Checking account described in this application is accurate as of October 2016. This information may have changed after that date. To find out what may have changed, call 1-888-734-5444.*