



Alliance Bank<sup>NA</sup>

# Fax

<b>To:</b> Ty King / David Breed 17 <sup>th</sup> Floor Axa Tower II 120 Madison St Syracuse NY 13202	<b>Date:</b>				
	<b>From:</b>				
	<b>Originator:</b>	N/A			
	<b>Branch:</b>	N/A			
<b>Phone:</b>	Ty- 315-475-4405 David - 315-475-7543		<b>Phone:</b>		
<b>Fax:</b>	315-475-1345		<b>Fax:</b>		
<b>Pages:</b>			<b>Pages:</b>	1 of	
<b>Re:</b>				<b>Cc:</b>	
<input type="checkbox"/> Urgent	<input checked="" type="checkbox"/> For Review	<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply	<input type="checkbox"/> Please Recycle	
<b>Comments:</b>          					

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**LOAN PROCEDURE**

DEPARTMENT: CONSUMER  
SUBJECT: UNSECURED PERSONAL LOANS  
SECTION:  
DATE: JUNE 1, 2006

**General:** Alliance Bank will offer a Consumer Personal Unsecured Loan product through selected medical offices. Customers who own homes and request loans over \$5,000 should consider the home equity product.

**Term:** The term will be 12 to 60 months.

**Rate: Unsecured Personal Loan**

Fixed Rate	Fico 720+	Fico 719-679
12-36 months	Prime Plus 100 bps	Prime Plus 200 bps
37-60 months	Prime Plus 125 bps	Prime Plus 225 bps

*\*25 bps discount for new or existing bank customer Unsecured Personal Loan Only.*

*\*25 bps discount for automatic payment Unsecured Personal Loan Only.*

**To Process you will need:**

1. A completed application.
  2. Income verification (paystub or w-2)
- *Customer or Medical Office will fax completed application to Alliance Bank.*
  - *Fax coversheet will be provided.*
  
  - *Customer must have a 679 or greater Fico score without any collections, judgments or charge offs within the past 2 years. Also must meet all existing bank policy guidelines.*

**Upon Approval:**

1. Customer will be directed to branch of choice for closing.

**Customer will Receive:**

1. The Borrowers' copies.
2. Insurance Notification/Certificate if applicable.
3. Funds will be disbursed to customer in the form of check or electronic transfer to an Alliance Bank checking account.



CONSUMER LOAN APPLICATION

Section 1. Tell us about the Consumer Loan Account you are requesting:

CHECK BOX FOR JOINT ACCOUNT.

If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Section 3 below about the Joint Applicant or User. We intend to apply for joint credit.

X Applicant X Co-Applicant

Purpose(s) of Loan Request

Section 2. Tell us about yourself:

Applicant: First Name, Middle, Last, US Citizen, Address, Phone Number, Date of Birth, Social Security Number, No. Dependents, Age of Dependents, Own, Rent, Other, Monthly Mortgage or Rent Payment Including Taxes, Previous Address, Present Employer or Business Name, Business Address, Business Phone, Current Position, How long in this position, Gross Monthly Salary, Previous Employer, Nearest Relative Not Living with You

Section 3. Tell us about your co-applicant:

Co-Applicant: First Name, Middle, Last, US Citizen, Address, Phone Number, Date of Birth, Social Security Number, No. Dependents, Age of Dependents, Own, Rent, Other, Monthly Mortgage or Rent Payment Including Taxes, Previous Address, Present Employer or Business Name, Business Address, Business Phone, Current Position, How long in this position, Gross Monthly Salary, Previous Employer, Nearest Relative Not Living with You

**Section 4. Tell us about any other income you may have:** List below or on an attached sheet (if additional space is required) other sources of income (i.e. second employers, rental income, pensions, dividends, social security, etc.) **Income derived from alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered in determining your credit worthiness.**

Applicant	Co-Applicant	Source	Gross Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/>	<input type="checkbox"/>		\$

**Section 5. Tell us about the collateral securing the Loan:**

Automobile <input type="checkbox"/>	Boat <input type="checkbox"/>	Recreational Vehicle <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Unsecured <input type="checkbox"/>	Other <input type="checkbox"/>
Year	Make	Model/Other Description	Mileage	Options	
New <input type="checkbox"/>	Used <input type="checkbox"/>	Vehicle Identification/Serial Number	Name of Seller		
To Whom Will it be Titled			To Whom Will it be Registered		

**Section 6. Tell us about your financial information:**

**Please list all credit obligations.** Attach additional sheets if more space is required.

Applicant	Co-Applicant	Creditor	Account Number	Unpaid Balance	Monthly Payment	To be paid by your new Home Equity Account?
<input type="checkbox"/>	<input type="checkbox"/>	First Mortgage		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Additional Mortgages:		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Other Real Estate:		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Alimony, Child Support, Separate Maintenance owed to:				

Do you have any outstanding judgements? Applicant:  Yes  No Co-Applicant:  Yes  No

Have you ever been bankrupt? Applicant:  Yes  No Co-Applicant:  Yes  No

**INFORMATION.** All information given in this application is true, correct and complete, and is given for the purpose of obtaining credit from you. I authorize you to verify any information given in this application, In addition, I authorize you to obtain any information you feel is necessary in connection with this application or in connection with any review, update, extension, renewal or collection of any credit you extend as a result of this application including obtaining a credit report. Finally, I authorize you to give information about me and your credit experience with me to others such as banks, stores and credit reporting agencies.

**KEEPING APPLICATION.** You may keep this application whether or not you approve it.

Signature of Applicant	Date	Signature of Co-Applicant	Date
Driver's License #	State	Driver's License #	State

**For Bank Use Only:**

Office of Origination (Name & #) \_\_\_\_\_

Origination Employee (Name & #) \_\_\_\_\_

BFS CON AP 6/04

Decision:

Approved

Declined

Reason \_\_\_\_\_

By Officer # \_\_\_\_\_ Date \_\_\_\_\_