

# Society of St. Vincent De Paul – Dallas

## Mini Loan Program



### 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 taxpayer identification number. We may also ask to see your driver's license, entity documents or other information that will allow us to identify you.

LOAN INFORMATION				
Loan Amount:	Loan Term: <input type="checkbox"/> 12 Months	Purpose:		
Auto Payment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Day of Month for Auto Payment:		
Routing Number:		Account Number:		
Bank Name:				
Disbursement Instructions: <i>(Cashier's Checks, 2 Allowed for Free)</i>				
Payable To:	Amount:	Remitter=Applicant Name:		
APPLICATION INFORMATION				
Full Name:	Social Security Number:	Date of Birth:		
Home Phone Number:	Mobile Phone Number:	Work Phone Number:		
Full Physical Address:		City:	State:	Zip:
Email Address:				
Government-Issued ID Type:	ID Number:	ID Issue State:	ID Expiration Date:	
Current Employer:				

The undersigned person(s) ("Applicant," whether one or more) hereby represents to Frost Bank ("Frost") that (a) all information set forth in this Application is true and correct, and (b) all other information provided to Frost in connection with this Application is true and correct. Applicant further agrees to promptly notify Frost of any material change in any such information. By signing below Applicant authorizes Frost to check Applicant's credit and employment history and to answer questions others may ask Frost about Applicant's credit record with Frost. Applicant hereby further authorizes Frost to share any personal financial information with the Society of St. Vincent de Paul in connection with the subject loan as and when requested by the Society of St. Vincent de Paul.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Closing Location \_\_\_\_\_ Requested Closing Date/Time Range \_\_\_\_\_

Scheduled Closing Date/Time  
(Frost Representative To Complete)

Deposit and loan products are offered through Frost Bank, Member FDIC.