

Provider Use Only

Provider Name: _____

Customer Name _____	Loan Amount _____
Patient Name _____	Monthly Payment _____
Patient Account No. _____	Terms/How Long _____
Approved By _____	1st Payment Due _____
<input type="checkbox"/> New <input type="checkbox"/> Add	Date _____
	<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account

Credit Application

Please complete both sides and return to your Medical Provider. All applicants must complete and sign.

Individual Credit (no initials required)

Joint Credit (both applicants' initials)

Applicant

Please Initial: _____

Last Name _____ First Name _____ M.I. _____ Birthdate _____ S.S.# _____

Present Address _____ City _____ State _____ ZIP _____

Phone Number () _____ Cellular Number () _____ Years At Present Address _____

Prior Address (If less than 3 yrs) _____ City _____ State _____ Years _____

Present Employer _____ Employer's Address _____ Bus. Phone () _____

Position _____ Years _____ Salary Per Month: Gross _____ Net _____

Previous Employer _____ Employer's Address _____ Years _____

Sources of other income _____ Amount per month \$ _____

Checking Account (where) _____ E-mail Address _____

Name of Nearest Relative not Living with You _____ Relationship _____

Address, City, State _____ Telephone Number () _____

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 received under: Court Order Written Agreement Oral Understanding Amount per month \$ _____

Joint Applicant

Relationship to Applicant _____

Last Name _____ First Name _____ M.I. _____ Birthdate _____ S.S.# _____

Street Address, City, State _____ ZIP _____ Phone# () _____

Employer _____ Position _____ Years _____ Business Phone () _____

Salary Per Month: Gross _____ Net _____ E-mail Address _____

Sources of Other Income _____ Amount per month \$ _____

Name of Nearest Relative Not Living With You _____ Relationship _____ Phone# () _____

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 received under: Court Order Written Agreement Oral Understanding Amount per month \$ _____

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.

I certify that everything I have stated in this application and on any attachments is correct. The Bank may keep this application whether or not it is approved. By signing below, I authorize the Bank to verify my credit and employment history and to answer questions others may ask the Bank about my credit record with the Bank. I understand that I must update credit information at the Bank's request if my financial condition changes.

X _____
Applicant's Signature Date

X _____
Signature of Joint Applicant Date

Return completed application to:

Melanie Baptiste
PO Box 82535
Lincoln, NE 68501-2535
Phone: (402) 323-1186
1-800-297-2837 ext. 1186
Fax: (402) 323-1590
melanie.baptiste@ubt.com



You Belong Here.™