## ARRANGED OVERDRAFT APPLICATION



PART 1 : TELL US ABOUT YOUR ACCOUNT		
Account Name		
Account Number		
E-Mail Address		

New Facility			
Arranged Overdraft Amount	£	Term (months)	

Increase to Existing Facility				
Arranged Overdraft Amount	£	Term (months)		
Upon Expiry of increased facility		1) Amend Overdraft to prev	ious agreement	
		2) Cancel overdraft facility		

PART 2: TELL US MORE ABOUT YOU AND YOUR INCOME				
Purpose of the arranged overdraft?	Repayment of the arranged overdraft?			

Account Holder 1		Account Holder 2	
Time at current address		Time at current address	
Number of Dependents		Number of Dependents	

Employment Details					
Job Title		Job Title			
Employer Name		Employer Name			
Time with employer		Time with employer			
Income paid to the account? YES/NO		Income paid to the account?	YES/NO		
Net monthly income £		Net monthly income	£		

Full Time	Part Time		Temporary	Full Time	Part Time		Temporary	
Unemployed	Student		Retired	Unemployed	Student		Retired	
Homemaker	Self Employed		Homemaker	Sel	f Em	ployed		

Savings Hist	tory					
CBS	£	Years Held	CBS	£	Years Held	

Other £	Years Held	Other	£	Years Held	
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Budget Planner – Monthly Expenditure					
Mortgage/Rent	£	Car Insurance	£		
Life Protection/Pension	£	Food and Clothing	£		
Council Tax	£	TV & Subscription	£		
House Insurance	£	Loans or Credit Cards	£		
Petrol/Fees to work	£	Water	£		
Home Energy	£	Telephone	£		
Road Tax	£	Other	£		
Childcare Costs	£	TOTAL EXPENDITURE	£		

MONTHLY INCOME £ DISPOSABLE INC	COME £
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## CUSTOMER DECLARATION

- I agree that Cumberland Building Society will process my personal data in accordance with the Privacy Notice, which is available to view at <u>www.cumberland.co.uk/privacy</u>.
- I/We confirm that I/we have read, understood and accept the following documents which are available to view at <u>www.cumberland.co.uk/current-accounts/overdrafts</u>:
  - Cumberland Savings & Current Account Terms & Conditions; and
    Overdraft Leaflet
  - Overdrait Leanet
    d that I/we understand the risks
  - and that I/we understand the risks involved in taking out an overdraft.
- I/we confirm that I/we have read and accept the Fee Information Document and Additional Charges for Account Services leaflet and understand the charges applicable to this overdraft and my/our account type.
- I/we acknowledge that we will be provided with a copy of the Information Disclosure: Overdraft Agreements Pre-Contract Information document by post following receipt of this application.

For your own benefit and protection you should read the above declaration carefully before signing. If you do not understand any point, please ask for further information.

ACCOUNT HOLDER 1 – SIGNATURE	DATE
ACCOUNT HOLDER 2 – SIGNATURE	DATE