| Contoso, Ltd.Credit Application | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | |
| Name: Danny Row | | | | | | | |
| Date of birth: | | SIN:782047112 | | | Phone: | | |
| Current address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | | How long? | |
| Previous address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | | How long? | |
| Employment Information | | | | | | | |
| Current employer: | | | | | | | |
| Employer address: | | | | | | How long? | |
| Phone: | E-mail: | | | | Fax: | | |
| City: | | State: | | | ZIP Code: | | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | | |
| Previous employer: | | | | | | | |
| Address: | | | | | | How long? | |
| Phone: | E-mail: | | | | Fax: | | |
| City: | | State: | | | ZIP Code: | | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | | |
| Name of a relative not residing with you: | | | | | | | |
| Address: | | | | | | Phone: | |
| City: | | State: | | | | ZIP Code: | |
| Relationship: | | | | | | | |
| Co-Applicant Information, if for a joint account | | | | | | | |
| Name: | | | | | | | |
| Date of birth: | | SSN: | | | Phone: | | |
| Current address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | | How long? | |
| Previous address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | | How long? | |
| Employment Information | | | | | | | |
| Current employer: | | | | | | | |
| Employer address: | | | | | | How long? | |
| Phone: | E-mail: | | | | Fax: | | |
| City: | | | State: | | ZIP Code: | | |
| Position: | | | Hourly Salary (Please circle) | | Annual income: | | |
| Previous employer: | | | | | | | |
| Address: | | | | | | | |
| Phone: | E-mail: | | | | Fax: | | |
| City: | | | State: | | ZIP Code: | | |
| Position: | | | Hourly Salary (Please circle) | | Annual income: | | |
| Application Information Continued | | | | | | | |
| Name of a relative not residing with you: | | | | | | | |
| Address: | | | | | | Phone: | |
| City: | | | State: | | | ZIP Code: | |
| Relationship: | | | | | | | |
| Credit Cards | | | | | | | |
| Name | | | Account no. | Current balance | | | Monthly payment |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
| Mortgage Company | | | | | | | |
| Account no.: | | | Address: | | | | |
| Auto Loans | | | | | | | |
| Auto loans | | | Account no. | Balance | | | Monthly payment |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
|  | | |  |  | | |  |
| Other Loans, Debts, or Obligations | | | | | | | |
| Description | | | Account no. | Amount | | | |
|  | | |  |  | | | |
|  | | |  |  | | | |
|  | | |  |  | | | |
| Other Assets or Sources of Income | | | | | | | |
| Description | | | | Amount per month or value | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| I authorize Contoso, Ltd. to verify the information provided on this form as to my credit and employment history. | | | | | | | |
| Signature of applicant | | | | | | | Date |
| Signature of co-applicant, if for joint account | | | | | | | Date |

**Employee Direct Deposit Enrollment Form**

To enroll in Full Service Direct Deposit, simply fill out this form and provide it to WVI Employee Service Centre in the GC Los Angeles office (send by email to \_\_\_\_\_\_\_\_\_\_\_\_, or mail to World Vision International, 800 West Chestnut Ave., Monrovia, CA 91016, attention \_\_\_\_\_\_\_\_).

**Attach a voided check for each checking account** – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn’t always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

You may elect up to two fixed dollar amount direct deposits, in addition to direct deposit of your remaining net pay. Each of the three direct deposits may be to three different bank/accounts. It is your choice.

For each account listed, indicate if this is a new enrollment for direct deposit, an election to discontinue your direct deposit, a change to the dollar amount, or a change to the bank/account.

**Important! Please read and sign before completing and submitting.**

I hereby authorize my employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by my employer, either directly or through its payroll service provider, to my account. In the event that my employer deposits funds erroneously into my account, I authorize my employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Printed Employee Name: Danny Row

Employee ID#: 323498

Employee Signature: DR

Date:

**Account Information**

The first two items are for fixed dollar deposits; the last item must be for the remaining net amount (even if no fixed dollar deposit is elected). **For each, make sure to indicate if the account is Checking or Savings**.

**Canadian financial institution**

**New Discontinue Change $ Amount Change Bank/Account**

1. Bank Name/City/State: CIBC

Routing/Transit #: 00257

Account Number: 8309950

Checking Savings I wish to deposit: $ 150

**New Discontinue Change $ Amount Change Bank/Account**

2. Bank Name/City/State:

Routing/Transit #:

Account Number:

Checking Savings I wish to deposit: $

**New Discontinue Change $ Amount Change Bank/Account**

3. Bank Name/City/State:

Routing/Transit #:

Account Number:

Checking Savings I wish to deposit Remaining Net Amount

Revised Dec 2014