



PERSONAL FINANCIAL STATEMENT ASSIGNMENT TO: DEDHAM SAVINGS

The information contained in the attached Personal Financial Statement that is addressed to

is being assigned to the above referenced financial institution for the purpose of obtaining or maintaining credit with the assigned bank on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a promissory note or guaranty in your favor. Each undersigned understands that you are relying on the information provided in the Personal Financial Statement in deciding whether to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of change is provided to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

I/We hereby authorize Dedham Savings to conduct credit inquiries for the purpose of analyzing the creditworthiness of the applicant for the credit for which this Personal Financial Statement is being furnished on me/us, including securing a consumer report on me/us in connection with the application for credit or for a review of the credit at any time that the credit, if granted, remains outstanding. I/We hereby authorize Dedham Savings to furnish credit references to third parties based upon its experience with the credit being applied for, including my/our performance of my/our obligations with respect to said credit.

SECTION 1- INDIVIDUAL INFORMATION	
Name	
Residence Address	
City, State, Zip	
Position / Occupation	
Business Name	
Residence/Mobile Phone	Business Phone
SSN:	DOB:

SECTION 2- OTHER PARTY INFORMATION	
Name	
Residence Address	
City, State, Zip	
Position / Occupation	
Business Name	
Residence/Mobile Phone	Business Phone
SSN:	DOB:

Signature _____

Signature _____

Date _____

Date _____