



A Branch of the Bank of Bridger, N.A.
YOUR *Life* • YOUR *Money* • YOUR *Community*
YOUR *Bank*

Health Care Plan

Loan Information

New Customers:

Full Legal Name	
Address	
Phone Number	
Social Security Number	
Date of Birth	
Occupation	
Amount of Disbursement	
Date of Disbursement	
Desired Term	
Desired Payment	
1 st Payment Date	
Due Date	

- W-9
- Copy of Current ID
- CIP Form

Existing Customers (only need the following):

Name	
Occupation	
Amount of Disbursement	
Date of Disbursement	
Desired Term	
Desired Payment	
1 st Payment Date	
Due Date	

- Copy of Current ID