

Authorization Agreement for External Preauthorized Payments (ACH Debits)

Select One: New Change (For bank staff: Attach copy of record to be changed)

Debit: I/we _____ authorize Newtown Savings Bank to debit

Account Number _____, at (Institution Name) _____

Routing Number _____, for the purpose of account transfer or loan payment.

Please attach a voided check or deposit ticket.

Credit

Section A: To (Institution Name) **Newtown Savings Bank** ABA/ Routing Number **2 2 1 1 7 2 2 9 6**

Beginning on (Date) _____ Expiration Date (If Applicable) _____

Section B: Transfer funds to: **(Please select from the following)**

Loan payment Bi-weekly Monthly Loan # _____ (Amount due will be drawn)

Extra Principal Payment \$ _____ Loan # _____ (enter principal only amount)

Section C:

Other transfers: To Account Number _____

Account Type: Checking Savings Line of Credit Loan only

Accrued Interest from an NSB CD Distribution for an NSB IRA (Additional IRA documentation is required)

Amount to be Drafted \$ _____ (This may change to cover the required loan payment amount)

Frequency: Weekly Bi-Weekly Monthly Quarterly Annually Other _____

This authorization is to remain in full force and in effect until Newtown Savings Bank has received written notification from me of its termination at least 10 days prior to my next payment to afford Newtown Savings Bank and the depository company reasonable opportunity to act on it. Loan payments may change due to escrow or rate changes, and the Bank will update the transfer amount at that time on my behalf.

**Customer acknowledges by signing below, receipt of Electronic Funds Transfer (EFT) Agreement and Schedule of Interest and Charges.*

Customer Name _____ Daytime Phone _____

SS# or Tax ID# _____

Address _____

Customer Signature _____ Date _____

Customer Signature _____ Date _____

NSB Rep or User ID# _____ Supervisor Approval _____

***** IMPORTANT***** Before submitting this request, please verify that the external institution will honor ACH transfers. When completing this form, allow 2 to 3 weeks for the transfer to begin.

***** A Bank Representative should complete this form and give copy of EFT Agreement and Schedule of Interest and Charges.**

Deposit Support Use only
Set-Up By _____ Changed by _____ Date _____ Verified by _____