

**NEWTOWN SAVINGS BANK AUTOMATIC FUNDS TRANSFER FORM FOR INTERNAL TRANSFERS (AFT)**

*Please Print or Type*

Account Holder Name: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_

Employee Initials/Ext. \_\_\_\_\_

New

Change

Waive Transfer Until \_\_\_\_\_

(Fee applies. Refer to Schedule of Deposit Account Charges)

INSERT DONOR ACCOUNT NUMBER BELOW	
Check One:	
<input type="checkbox"/>	NSB Savings Account
<input type="checkbox"/>	NSB Checking Account
<input type="checkbox"/>	NSB MMDA Account

INSERT RECIPIENT ACCOUNT NUMBER BELOW	
Check One:	
<input checked="" type="checkbox"/>	Loan
<input type="checkbox"/>	Savings
<input type="checkbox"/>	Checking
<input type="checkbox"/>	MMDA
<input type="checkbox"/>	Other

Beginning (insert date) \_\_\_\_\_ complete the following transfer:

- Transfer Fixed Amount \$ \_\_\_\_\_ (this option not available for loan transfers)
- Transfer Amount of Loan Payment Due
- Apply \$ \_\_\_\_\_ to Principal Balance of Loan

Frequency Monthly

*\*Transfers to loans must match the loan payment frequency*

***I/We Agree To Terms and Conditions of the Automatic Funds Transfer Agreement***

<b>Donor Account Holder Signature</b>	<b>Date</b>	<b>Recipient Account Holder Signature (ONLY if different)</b>	<b>Date</b>
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**AUTOMATIC FUNDS TRANSFER AGREEMENT**

As used in this Agreement, the words, "I", "we" and "us" mean all who have signed it. "The Bank" means Newtown Savings Bank, 39 Main Street, Newtown, CT 06470. "Business Day" means Monday through Friday excluding holidays.

I authorize the Bank to make transfers from my account within the Bank as indicated on my Automatic Funds Transfer Form (the "Form"), beginning on the date listed and thereafter, according to the frequency selected. Transfers will be made only if, on the Transfer Date, a transfer can be made in full from the funds available in the authorized donor account. Funds must be available in the donor account one business day prior to the Transfer Date. A business day is defined as Monday through Friday, excluding holidays. For instance, if the Transfer Date falls on a Monday, funds are required to be available on the preceding Friday for the amount of the scheduled transfer.

If the Transfer Date falls on a Saturday, Sunday or holiday, the transfer will be made on the following business day, provided funds are available as disclosed in the preceding paragraph. Transfers may be weekly, biweekly, monthly, quarterly or as listed on the application and allowed by the Bank. Transfers may be made only from and to the accounts named by me, as indicated on the Application.

A loan payment transfer will be equal to at least the total payment due on a loan account. Extra payments to principal of a loan will only be made if the loan is up to date.

If I have authorized more than one transfer from the same account on the same day, the Bank will make them in full, in any order it chooses, to the extent that funds are available. If the Bank has granted me a Line of Credit Account, the Bank may, to the extent of my available credit, advance funds to my personal checking account in order to make authorized payments from that account. However, Overdraft Privilege amounts are not included in the available balance for AFT Transfers. The Bank has no obligation to notify me of its failure to make any of the payments or transfers I have authorized if that failure results from lack of available funds in my account. If a transfer cannot be made cause of a lack of funds, or unavailable funds in my account, a transfer will be attempted each day thereafter until funds are available. The Bank will charge a NSF EFT Fee as disclosed in the Schedule of Deposit Account Charges each day an attempt is unsuccessful.

All cancellations and changes must be in writing and will become effective only when actually received by the Bank, and the Bank has at least 10 days to act on them, except for stop transfers. I may stop a transfer by calling (203) 426-2563 or by writing the Newtown Savings Bank, P.O. Box 497, Newtown, CT 06470 at least three (3) business days before the transfer is scheduled. Customer must put the request in writing to be received by the Bank within 14 days thereafter. The Bank may charge a stop payment fee in accordance with our Schedule of Deposit Account Charges.

**Account holder must be the same on the donor and recipient account, unless approved by the Bank.** Any deposit account holder may make changes to the Form or cancel this agreement. The Bank may amend or cancel this Agreement at any time. Any such amendment or cancellation will be effective ten (10) days after mailing notice of amendment or cancellation to any one of us at the address shown on the Bank's records.

<b>TO CANCEL TRANSFERS, SIGN BELOW. You may fax a signed copy to 203-270-4421.</b>	
Please discontinue my account transfer effective (insert date) _____	
_____	_____
(Account Holder Signature)	Date Signed

BANK USE ONLY	
Initials of C&I Offr Contacted:	_____
Maintenance Completed By:	_____
Date:	_____
Comments:	