

**JERSEY STATE BANK's**  
**ACH ACCOUNT TRANSFER AUTHORIZATION**  
**For Educational Fund Repayment Plan**

The ACH Account Transfer Authorization Form allows Jersey State Bank to credit their education repayment plan on the customer's behalf as well as to debit a customer's checking accounts and/or savings accounts.

**TRANSFER FROM:**

ACCOUNT TYPE      \_\_\_ Checking    \_\_\_ Savings  
INSTITUTION NAME    \_\_\_\_\_  
ROUTING/TRANSIT    - - - - -  
ACCOUNT NUMBER    \_\_\_\_\_

I authorize Jersey State Bank and its agents to initiate electronic credit (or debit) entries, and adjusting debit (or credit) entries to my checking accounts, savings accounts and/or loan notes listed above. Either party may terminate this Authorization upon ten (10) days written notice to the other.

This Authorization is governed by the provisions of Regulation E - Electronic Funds Transfer Act, Uniform Commercial Code Article 4A (UCC4A) as well as Jersey State Bank's ACH Origination Agreement and Policy.

The transfer will be processed on the 26<sup>th</sup> of each month or the next processing day thereafter if the day falls on a bank holiday or weekend when ACH processing is not available.

Education Fund # \_\_\_\_\_ Student's Name: \_\_\_\_\_  
*(Include maiden name if married)*

Amount: \$ \_\_\_\_\_ per month      Payment method will begin \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Employee Initials: \_\_\_\_\_

**PLEASE TAPE VOIDED CHECK HERE**