

AUTOMATIC DEBIT AUTHORIZATION

The undersigned borrower hereby authorizes **Jersey State Bank** to debit my/our account # _____ in the amount of \$ _____ each month, commencing _____. The proceeds are to be applied to Loan # _____ on the _____ day of each month until maturity.

It is understood that if the payment amount adjusts in accordance with the contract terms, this debit authorization covers the corresponding payment change.

Dated: _____

.....
Bank Use Only

Date Processed: _____ File Maintenance By: _____

Date Cancelled: _____ File Maintenance By: _____

**JERSEY STATE BANK's
ACH ACCOUNT TRANSFER AUTHORIZATION**

The ACH Account Transfer Authorization Form allows Jersey State Bank to credit a customer's checking accounts, savings accounts and/or loan notes 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.

Effective Date for Loan Customers:

The transfer will be processed on the (*choose one*) 1st 5th 15th 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.

Loan Note # _____

This payment method will begin ____/____/____.

Dollar Amount: \$ _____ per month (if variable leave blank) *

* If real estate loan, this dollar amount may change due to escrow adjustments March of each year.

Print Name: _____ Date: ____/____/____

Signature: _____ Loan Officer Initials: ____

PLEASE TAPE VOIDED CHECK HERE