NORTH EASTON
SAVINGS BANK

AUTOMATIC TRANSFER AUTHORIZATION

As used in this authorization, "we," "us," "me," and "I" means the owner(s) of the accounts identified below. "You" and "yours" means North Easton Savings Bank. I/we authorize the North Easton Savings Bank to make the following transfer of funds:

Amount to be Transferred: $_____ OR ☐ (check box) Regular Monthly Payment Amount
Frequency: ☐ Weekly ☐ Monthly ☐ _____
Effective Date: _____ Termination Date: _____

From:
Account No. _____
Account Title _____
_____
_____

Type: ☐ Savings
☐ Checking
☐ Money Market

To:
Account No. _____
Account Title _____
_____
_____

Type: ☐ Savings ☐ Checking ☐ Money Market
☐ Safe Deposit Box
☐ Mortgage Loan Payment
☐ Home Equity Loan/Line
☐ Installment Loan

These accounts remain subject to their individual terms and conditions and are not modified by this authorization. If a transfer is made from a savings account, North Easton Savings Bank retains the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. This authorization may be terminated by giving the Bank 15 days written notice at North Easton Savings Bank, PO Box 299, North Easton, MA 02356. Notice of termination from any one of us is considered notice from all of us. I/we must indicate our intent to terminate in writing.

I/we understand that the automatic transfer will be systematically attempted for 10 days. If the donor account does not have sufficient funds to process the payment/transfer within that time, I/we understand that the payment/transfer will have to be made by me/us in another manner.

_____
Signature

_____
Name

_____
Signature

_____
Name

_____
Account Address

……

(Office use only)

_____
Accepted/posted by:

_____
Reviewed by:

TMS#_____