



☐ Add ☐ Update ☐ Delete

AUTHORIZATION FOR PRE-AUTHORIZED DEBIT

Customer and Account Information

Borrower Name: _____

Account Type: ☐ Mortgage/Consumer Loan ☐ Commercial Loan

Loan Number: _____

Payment Date (Please Mark): ☐ Due Date ☐ Other (Must be after the due date) _____

☐ Regular Payment ☐ *Extra To Principal _____

Desired Start Payment Month (bank must receive form at least 15 business days prior to start date):

If payment day is on a non-business day, payment will be processed on the following business day.

***The amount entered will be in addition to the amount due per your bill**

Financial Institution Information

Financial Institution Name: _____

Routing (ABA) Number: _____

Bank Account Number: _____

Type of Account: ☐ Checking ☐ Savings

Name on Deposit Account: _____

Authorization

I/We authorize South Shore Bank to withdraw funds from my/our bank account identified above for the purpose of accomplishing the above-mentioned payments.

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization.

I/We acknowledge that the origination of this transaction must comply with the provisions of U.S. laws.

I/We acknowledge that if we wish to change or terminate this agreement, it must be done so in writing.

Signature of Bank Account Holder

Date

Recorded Line

Date

Please send completed form to Loan Servicing via email: loanservicing@southshorebank.com or fax to: 1-781-394-5810

Bank Use Only: Received by: _____ Branch Location: _____ Received Date: _____