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## 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](mailto:loanservicing@southshorebank.com) or fax to: 1-781-394-5810**

Bank Use Only: Received by: \_\_\_\_\_ Branch Location: \_\_\_\_\_ Received Date: \_\_\_\_\_