

PISCATAQUA SAVINGS BANK
PORTSMOUTH, NEW HAMPSHIRE
AUTOMATIC TRANSFER AUTHORIZATION

CUSTOMER NAME (please print) _____

THIS IS TO AUTHORIZE PISCATAQUA SAVINGS BANK TO CHARGE MY ACCOUNT IDENTIFIED BELOW

NOW ACCOUNT MONEY MARKET ACCOUNT SAVINGS ACCOUNT

ACCOUNT NUMBER _____

IN THE AMOUNT OF \$ _____, _____ FOR PAYMENT TO MY ACCOUNT DESCRIBED BELOW. (*LOAN CUSTOMERS: YOUR PAYMENT AMOUNT MAY BE SUBJECT TO CHANGE DEPENDING ON THE TERMS AND CONDITIONS OF YOUR PROMISSORY NOTE, BI-WEEKLY ADDENDUM AND/OR MORTGAGE.)

INSTALLMENT LOAN ACCOUNT NO. _____

MORTGAGE LOAN ACCOUNT NO. _____

_____ NO. _____

NOW CHECKING ACCOUNT NO. _____

SAVINGS ACCOUNT NO. _____

CLUB ACCOUNT NO. _____

OTHER ..PLEASE DETAIL _____

BEGINNING ON _____ *BEGINNING DATES AND WITHDRAWAL DATES MUST AGREE.

ANY LOAN DATE EXCEPTIONS MUST BE APPROVED BY A LOAN OFFICER.

PAYMENT FREQUENCY: MONTHLY, ON THE _____ DAY OF EACH MONTH

BI-WEEKLY...PLEASE CIRCLE DAY OF WEEK TRANSFER IS TO OCCUR

MONDAY.....TUESDAY.....WEDNESDAY.....THURSDAY.....FRIDAY

REASON FOR REQUEST: NEW AUTHORIZATION PAYMENT CHANGE DUE DATE CHANGE

TERMINATION OF EXISTING AUTHORIZATION (PLEASE USE ABOVE DETAIL TO IDENTIFY ACCOUNTS AND PAYMENT AMOUNT)

OTHER, EXPLAIN _____

CUSTOMER'S SIGNATURE _____

ADDRESS _____

** SIGNER MUST BE INCLUDED IN THE LEGAL TITLE ON ALL ACCOUNTS DESCRIBED FOR TRANSFER

RECEIVED BY _____ DATE _____/_____/_____

ENTERED: Loan System _____ DATE _____/_____/_____

ENTERED: Generator System _____ DATE _____/_____/_____