



**AUTOMATIC PAYMENT PROGRAM (“APP”) AUTHORIZATION FORM**

AUTHORIZATION AGREEMENT FOR MONTHLY AUTOMATIC LOAN PAYMENT PROCESSING  
BRISTOL COUNTY SAVINGS BANK, 29 BROADWAY, TAUNTON, MA 02780

CUSTOMER NAME(S): \_\_\_\_\_ LOAN NUMBER: \_\_\_\_\_  
PLEASE PRINT

DAY PHONE: (\_\_\_\_) \_\_\_\_\_ EVENING PHONE: (\_\_\_\_) \_\_\_\_\_

I (we) hereby authorize Bristol County Savings Bank, and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called THE LENDER) to initiate loan payment debit entries (which may vary from the amount indicated below with future changes in principal and interest components, as applicable) to my (our) Checking or Statement Savings Account indicated below and the depository named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send THE LENDER the total monthly payment due, plus any late charge(s) or other fees due under my loan.

DEPOSITORY INSTITUTION

NAME: \_\_\_\_\_ BANK PHONE NO: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ ABA ROUTING # 

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CHECKING \_\_\_\_\_  
MUST INCLUDE A VOIDED CHECK

STATEMENT SAVINGS \_\_\_\_\_  
MUST INCLUDE SAVINGS DEPOSIT SLIP OR BANK STATEMENT

Monthly Payment Amount \$ \_\_\_\_\_

A confirmation letter disclosing your **automatic payment effective date and payment amount** will be mailed to you.

This authorization is to remain in full force and effect until THE LENDER has received written notification from me (us) 30 days prior to the next payment due date of its termination such time and in such manner as to afford THE LENDER and DEPOSITORY a reasonable opportunity to act upon it. THE LENDER may terminate this agreement at anytime, with written notice sent to me.

Future changes to a depository account will require a new authorization form along with a “voided” blank check, savings deposit slip or bank statement (if applicable) 30 days prior to the next payment due date.

BORROWER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BORROWER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_