

ACH Origination Form

ACH Dept. Use Only:

First Shore Federal Savings & Loan Association
P. O. Box 4248, 106 S. Division St., Salisbury, MD 21803-4248
Telephone 410-546-1101

This form will authorize First Shore Federal (FSF) to establish recurring transfers **from or to your FSF Account or Non FSF Account**. Start and Change Transfers will need a minimum of 5 business days to be set-up before the first transfer.

Note: If the form is incomplete and/or the information provided is inaccurate, FSF will not be held liable for any related loss or penalties incurred by the customer named herein.

You must be an Owner or Authorized Signer of the "From" and "To" Checking and/or Savings Account.

Start Transfer **Change Transfer** **Cancel Transfer**

Amount: \$ _____ Frequency: Weekly _____ (day of week)
Start Date (MM/DD/YY): _____ Biweekly on _____ (day of week)
 Monthly on _____ (day of month)

Transfer "FROM" Checking Acct
 Savings Acct

Account Title: _____
Account Number: _____
 FSF Acct
 Non FSF Acct – **complete below**
Financial Institution Name: _____

ABA #/Routing #: _____
Bank Telephone #: _____

Transfer "TO" Checking Acct
 Savings Acct
 Christmas Club
 CD
 Non FSF Loan Acct

Account Title: _____
Account Number: _____
 FSF Acct
 Non FSF Acct – **complete below**
Financial Institution Name: _____

ABA #/Routing #: _____
Bank Telephone #: _____

Transfer requests will process on the date requested, unless the scheduled date falls on a weekend or federal holiday, the transfer will then occur the **next** business day. The transfer date is the date that FSF sends out the ACH entry to your other Financial Institution. For transfers to another financial institution the credit at that institution will occur on the same business day, however we cannot guarantee when the receiving financial institution will make the funds available.

To cancel this authorization you should submit a written request no less than 5 business days prior to the scheduled transfer. The transfer may not be able to be stopped if notice is provided in less than 5 days.

If **sufficient funds** are not in the FSF Debit Account until after the third business day from the scheduled transfer date and FSF must manually transfer the money to the FSF Credit Account, there will be a **\$35.00 processing fee** charged to the FSF Debit Account.

FSF has the right to terminate the authorization agreement for any reason. This Authorization shall remain in effect until FSF has received written notification from me of its termination in such manner as to afford FSF a reasonable opportunity to act on it.

I also agree that the authorization transfer to/from my account must comply with all applicable federal and state laws or regulations including OFAC regulations.

I have read this form in its entirety and attest by signing below, that the information provided by me is true and correct, and that I will not hold FSF liable for any related loss or penalty I incur, if the required information I provide is inaccurate or incomplete.

Signature: _____ Date: _____

Signature: _____ Date: _____

Daytime Telephone # or Email Address: _____

<p>Branch Use Only: * Route to ACH Dept.</p> <p>Date: _____</p> <p>Branch Number: _____</p> <p>Employee Initials: _____</p>	<p>Main Office Use Only:</p> <p>Date: _____</p> <p>Employee Initials: _____</p>
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