

FSF Loan Payment Authorization External ACH Origination

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 transfer funds **from your account at another financial institution to your loan account at FSF**. 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.

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

Account Holder Name: _____

FSF Loan Account Number: _____ Loan Minor Type: _____

Financial Institution where First Shore Federal is to **withdraw** your money:

Bank Name: _____

Contact Person & Telephone #: _____

ABA #/Routing #: _____

Account Number: _____

Title of Account: _____

Note: If the funds are transferring from your checking account, please attach a **VOIDED CHECK** when you return this form.

The transfer date is the date that FSF sends out the ACH request to your other Financial Institution. The payment to your account at FSF may occur 2-4 business days later. If your requested transfer date is on a weekend or federal holiday, the transfer will occur the **next** business day. For example: If your payment is due on the 15th, we recommend you select a Monthly Transfer Day of **at least the 10th**.

FSF offers 2 options to pay your Loan – **please choose one of the following:**

- a. Will pay the amount due. If loan is prepaid, it will **not** transfer until payment is due.
- Pay the **amount due** on the _____ (1st, 15th, etc.) day of each month.
Date to begin the first transfer (MM/DD/YY) _____.
- Additional amount to pay each month \$ _____, will post to the **principal** of your loan each time your payment changes.
- b. Will pay the amount you indicate. If payment changes, it will continue to transfer the same amount. It is the customer's responsibility to notify FSF's ACH Dept. of any payment change; including FSF generated changes or customer generated changes.
- Pay only the **fixed transfer amount** of \$ _____ on the _____ (1st, 15th, etc.) day of each month. Date to begin the first transfer (MM/DD/YY) _____.
- If amount is more than monthly payment amount, the excess amount will be posted to principal.

To cancel this authorization you should submit a 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.

FSF has the right to terminate the authorization agreement for any reason. This Authorization shall remain in effect until FSF has received 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: _____

Branch Use Only: * Route to ACH Dept.

Date: _____

Branch Number: _____

Employee Initials: _____

Main Office Use Only:

Date: _____

Employee Initials: _____