

FSF Loan Payment Authorization

Internal Transfer

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 Savings or Checking Account at FSF 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: _____

Transfer "FROM" FSF Account Number: _____ Checking Savings

Transfer "TO" FSF Loan Number: _____ Minor Type: _____

Monthly Transfer Amount: \$ _____

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, 10th, 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, 10th, 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.

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.

To cancel this authorization, you must 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.

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, the FSF Debit Account will be debited the Electronic Transfer Manual Charge.

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

You 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: _____

Review Initials: _____