NEW AUTOMATIC TRANSFER

Name (Print)	Name (Print)	
Social Security #	Social	Security #	
Day Time Phone Number	E-Mail	Address	
Branch EmployeeAttention: Please give the customer regulations. Interoffice OR fax this double set-up.	a copy of this competed form, whic	h includes the auto transfer w	ith signature AND the
I hereby authorize North Sh servicing my account to init	ore Bank, and it's successors, assignate payment to my loan.	ns, authorized agents, or any e	entity
Please initiate my payment	Deginning onMonth/Day/Year	and continuingweekly/biv	weekly/monthly/specific dates
(I have al	lowed 10 business days for the set	-up of my automatic transfe	r.)
TRANSFER FROM BANK/CREI	OT UNION ACCOUNT AT		
Routing N	fumber		
□ Chec	king Account #		
□ Savin	gs Account #		
TRANSFER TO MY:			
□ Loan #	\$, or set dollar amount, any addition to loan principal)
This authorization is to remain in ful of its' termination. North Shore Ban terminate this agreement at any time. REGULATIONS BELOW.	k requires 10 business days for any	changes or termination reques	sts. North Shore Bank may READ THE RULES AND
	_		
		(Signature)	(Date)
RULES AND REGULATIONS FOR Your automatic transfer will attempt If the day/date of your payment is a lascheduled payment date. Transfers wattempt. If your donor account has non-sufficiently will not re-attempt to make the transfer it is your responsibility to bring the last in the event of a pay-off or refinance Contact Customer Assistance at (877). When choosing your date for auto page	to post anytime after midnight the regal holiday or a Sunday, the transfer will post on Saturdays. Please have ent funds, your account will be chaster until the following month's regular current, including any late charge, you will be responsible for cancel () 672-2265 for assistance in the can	norning of the scheduled payr fer will attempt to post the bus funds available by the end of rged the current non-sufficien lar set date. If the attempted I ges. ng the current automatic trans cellation of the automatic pay	iness day prior to the the day prior to the transfer t funds fee. North Shore Ba oan payment does not proceffer payment.
	For Internal Use On	ly	
S Number	Date	TMS was set up	
File Maintenance Done			

Initials _____

Insurance: Yes____ No____

Source Added