



NEW AUTOMATIC TRANSFER MORTGAGE LOAN PAYMENTS

I hereby authorize North Shore Bank, FSB (The Bank) and its' successors, assigns, authorized agents, or any entity servicing my account to initiate payments starting on: _____ (MM/DD/YY - **Date must be between the 1st and 10th of the month**) continuing monthly thereafter. Please allow 10 business days for the set up of my first automatic transfer.

TRANSFER FROM:

- Checking Account #: _____ (INCLUDE COPY OF VOIDED CHECK)
- Savings Account #: _____

Financial Institution Name: _____ Routing #: _____

TRANSFER TO:

- NSB Mortgage Loan Account #: _____
Payment Type: _____ Regular Payment Due _____ Additional Principal Amount Of \$ _____

This authorization is to remain in full force until the termination of the loan. North Shore Bank may terminate this agreement at any time with written notice to the customer.

I HAVE RECEIVED A COPY OF THIS FORM AND HAVE READ THE RULES AND REGULATIONS BELOW.

_____ Date _____ Authorized Signature _____ Date _____
Authorized Signature

RULES AND REGULATIONS FOR YOUR AUTOMATIC TRANSFER

- 1) Your automatic transfer will attempt to post anytime after midnight the morning of scheduled payment date.
- 2) **If the day/date of your payment is a legal holiday, or a Sunday, the transfer will attempt to post the day prior to the scheduled payment date. Please have funds available by the end of the day prior to the transfer attempt.**
- 3) If your donor account has non-sufficient funds, we will re-attempt to make the transfer for one more consecutive business day for all automatic mortgage payments. If the attempted loan payment does not process, you must bring the loan current, including any late charges.
- 4) You may change or cancel your automatic transfer at any time. The Bank requires a 10-business day written notice before any changes or cancellations may be made.
- 5) The month of the maturity date on your loan, the transfer will not process.
- 6) Please contact Customer Assistance at 877.672.2265 for questions on your automatic payment.

For Internal Use Only			
TMS Number _____	Date TMS was set up _____		
<input type="checkbox"/> Source Added	Maturity Date _____	Initials _____	