



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED LOAN PAYMENTS

ACH Authorization			
Customer Name		Loan Number	

I/We hereby authorize HAVEN SAVINGS BANK to initiate entries to my checking/savings account at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error.

Checking Savings

Bank Information			
Bank Name		City	
State		Zip	
Transit/ABA No: ("Routing #")		Auto Payment Start (MM/YY)	
Branch: (if applicable)		Bank Account #	

Please select 1 of the payment crediting options below.

On the Due Date		Other than Due Date		Before After	_____ Days
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Option for Additional Principal Payment

HAVEN SAVINGS BANK is hereby authorized to debit an ADDITIONAL _____ each month (in addition to my regular monthly payment) to be credited to the principal balance. **Please note: The amount will be constant each month until you request a change.**

This authorization is to remain in full force and effect until HAVEN SAVINGS BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HAVEN SAVINGS BANK a reasonable opportunity to act on it.

If the payment date falls on a weekend or federal holiday, the automatic debit (withdrawal) to my account will be made on the following business day.

I/We understand that HAVEN SAVINGS BANK is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected.

Name(s): _____

Signature(s): _____

Date

