

Electronic Transfer Authorization Form

| Customer Name: | | | | | |
|---|----------------------------------|---------------------|------------------------------------|-----------------|-------------|
| Address: | (as it appears on your bank acco | ount) | State: | Zip: | |
| Social Security Number: | Phone : | # | | | |
| Debit Account Information | Credit Account | | t Information | | |
| Financial Institution: Routing Number: Account Number: Checking Savings | Routin | ng Numb ınt Numl | tution: per: per: Savings | | |
| We will make transfers on the following ba | sis: | | | | |
| Periodic Transfers Amount to be Transferred \$ Frequency: □ Once □ Weekly □ Mon | | | | | |
| If a transfer date is a non-processing day for North C scheduled transfer date. | Central Bank then the transf | er will be | made on the firs | t processing da | y after the |
| **A voided check must be attack | hed in order to set | t-up yo | our EFT/A | CH Requ | iest |
| By signing below, I authorize North Central Bank to Clearing House (EFT-ACH). I understand and agre- initiate the EFT-ACH deposit transfer / loan paymer | e that I must allow North C | | | | |
| I understand and agree that if my account at the depetransfer, North Central Bank will not be responsible as a result to such insufficiency. North Central Bank | or liable for any penalties of | or charges | assessed by any | other financial | |
| If my loan is a variable rate mortgage and the interest updated to reflect the change (s), per my loan agreer understand and agree that my EFT-ACH payment w | ment. If my loan mortgage | loan has E | scrow and the es | scrow payment | |
| I understand that this authorization may be terminat must allow fifteen (15) calendar days after receipt for | | | ication to North | Central Bank, | and that I |
| Signature: | Signature: | | | | |
| Date: | | | | | |