

Dedham Savings Loan Autopay/ACH Agreement

I (we) hereby authorize Dedham Savings to present monthly debits to the financial institution and account identified below. The monthly debits presented shall be in the amount of the monthly installments billed under the Note. This authorization will go into effect with the next due date of your loan (provided 15 days notification have been received). If the payment is returned for insufficient funds you may be assessed a \$29 fee. Dedham Savings reserves the right to terminate this automatic transfer if multiple notices of insufficient funds are received. This Agreement shall remain in full force and effect until written notification is received from the customer(s) (15 days notice required). Written notification should be sent to: Dedham Savings, Loan Servicing Department, 55 Elm Street, Dedham MA 02026.

AutoPay from a Dedham Savings Account

Withdraw from Account Number:	Credit Loan Number:
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AutoPay/ACH from An External Account

Name of Financial Institution:	Credit Loan Number:
Withdraw from Account Number:	
Transit Routing Number:	

Withdrawal Account is a:

_____ Checking Account (please staple a VOIDED CHECK to the application)

_____ Statement Savings Account (please provide a copy of a recent statement)

Additional Options

Please select the number of days after due date to withdraw funds: _____
(Residential up to 10 days allowed / Commercial up to 5 days allowed)

In addition to the monthly billed installments, I (we) authorize additional payments to be applied to the principal balance in the amount of: \$_____

Cancellation

_____ I (we) desire to cancel the authorization for Autopay/ACH debits on account below.
 (15 day notice prior to next payment is required)

Account Number:	Transit Number:
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Customer Authorization

Customer Signature/Date:	Customer Name (print):
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Email Address:	Daytime phone number:
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