

## Hingham Institution for Savings Automatic Loan Payment

Borrower Name: \_\_\_\_\_ Soc.Sec. #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

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**Please indicate the type of transfer below:**

☐ New Automatic Payment   ☐ Change an Automatic Payment   ☐ Close an Automatic Payment

I hereby authorize Hingham Institution for Savings to initiate the following ACH debit and credit entries as outlined below. *I hereby state that I am an account owner on each account listed and acknowledge that the origination of ACH transactions to and from my accounts must comply with the provisions of US Law.*

**Please Select One:**

☐ Debit my Hingham Institution for Savings Account Number: \_\_\_\_\_

☐ Use Account Information Provided on the Attached Voided Check (*Preferred Method*)

☐ Name of Institution to be Debited: \_\_\_\_\_

Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account: Checking \_\_\_\_ Savings \_\_\_\_

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Your automatic Loan Payments will begin on your next scheduled payment due date, provided we receive this form at least 3 business days prior. Each month, the automatic withdrawal will occur on your payment due date. An automatic transaction scheduled for a non-business day will be processed on the following business day.

I understand that the amount to be deducted monthly will include any change in my loan payment due to escrow or adjustable rate loan changes. Hingham Savings will notify me in advance of any changes.

**Additional to Principal (Optional) \$** \_\_\_\_\_

I hereby acknowledge:

This authorization will remain in full force until such time that written notification, requesting a change in terms or termination has been received by the bank.

Hingham Institution for Savings may make 2 subsequent attempts to collect on a debit transaction returned as insufficient or uncollected funds. We may assess a late charge on your loan if you do not subsequently make your payment within your grace period, and you are still liable for the payment according to your promissory note.

My account will continue to remain subject to the terms and conditions outlined in the Truth and Savings Disclosure provided to me by Hingham Institution for Savings at the time of account opening.

**If indicated that you are revoking authorization for recurring ACH debit and credit entries as indicated above, I understand that Hingham Institution for Savings will need to receive this revocation of authorization at least 3 business days prior to the next posting date to successfully comply with this request.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be the signature of an account owner)

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**For Bank Use Only**

Branch/Signature Verification by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Revised January 2015

Effective Date: \_\_\_\_\_