



**Auto Debit Authorization Form (Recurring Loan Payment)**

**Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize The Neffs National Bank ("COMPANY") to electronically debit my checking/savings account (and, if necessary, electronically credit my account to correct erroneous debits) as described below. I further authorize COMPANY to credit my Loan account number ( \_\_\_\_\_ ) at COMPANY at the same frequency, date and dollar amount in agreement with the terms of the loan. I hereby agree that I am an authorized signer/owner on the account described below and that ACH transactions I authorize comply with all applicable law.

**Date to Debit First Payment:** \_\_\_\_\_

**Frequency:**  Monthly  Bi-Weekly

**Amount of payment:** \_\_\_\_\_

**Bank/Financial Institution Name:** \_\_\_\_\_

**ABA Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Type of Account:**  Checking or  Savings

*\*The final payoff amount may be higher than the regular payment amount. The final payment will be electronically debited on the Maturity Date listed within the original loan agreement, which is \_\_\_\_\_.*

I understand that this authorization will remain in full force and effect until I notify COMPANY in writing by mail to 5629 Route 873, Neffs, PA 18065 that I wish to revoke this authorization. I understand that COMPANY requires notice of at least five (5) business days prior to the next payment date for termination of authorization.

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

**For Office Use Only:**

Received by & Date: \_\_\_\_\_

Entered by & Date: \_\_\_\_\_

Verified by & Date: \_\_\_\_\_