



**The Neffs
National Bank**
A Subsidiary of Neffs Bancorp, Inc.
STRENGTH. TRUST. COMMUNITY.

Auto Debit Authorization Form (Recurring Loan Payment)

Name: _____

Address:

Phone Number: _____

Email: _____

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 Employee & Date: _____

Entered by IT Dept & Date: _____

Verified by Doc Specialist & Date: _____