



EMAIL US:

servicing@shoreham.bank

DO NOT INCLUDE documents in initial email, we will reply back with instructions to utilize our secure delivery service

FAX TO:

OR Customer Service Department (401) 739-9762

MAIL TO:

OR Loan Servicing Department One Shoreham Way Warwick, RI 02886

With Shoreham Bank's ACH Program, your loan payments are automatically deducted from your checking or savings account and are applied to your loan, as of the date of the scheduled ACH withdrawal, unless it falls on a weekend or bank/federal holiday, in which case it will post the payment on the business day prior. Each month a statement will be sent to you showing the application of the last ACH payment made and the amount of the next payment to be withdrawn.

To enroll in the ACH Program complete this agreement, include a blank check (If you are using a checking account for the automatic deduction) marked "VOID", or a copy of your bank statement and return via Email, Fax, or Mail.

Loan Authorization Agreement for Preauthorization Payments

Initial Set Up OR Bank Account Change

Borrower(s) Name(s)

Address

City State Zip

Telephone Email

Address

Loan No.

Your Bank's Name

Your Bank's Address

City State Zip

Type of Account: Checking Savings

DEBIT TYPE: Monthly Start Month Day (MUST BE WITHIN 6 DAYS OF THE LOAN DUE DATE)

Transit ABA No.

Account No.

Bank's Telephone No.

Bank's Contact Person

You are hereby authorized to charge my/our account for the regular payments due on the loan (number shown above) on the date each payment is due. I/we authorize you to transfer amounts subject to change without prior notification to me due to: (1) late charges assessed; (2) delinquent amounts due; (3) interest rate changes; or (4) any other payment amounts required under the terms of the loan identified above. All transfers for payment of my/our loan will be made on each loan payment due date. It is further understood that I/we may terminate this authorization by giving not less than three (3) days written notice to the Loan Servicing Department In the event that there are insufficient funds in my/our account to pay my monthly payment in full, a NSF fee will be charged. I/we agree that the Bank may cancel this Agreement at any time if I/we fail to maintain sufficient balances in my account to make my payments when due. I/we further acknowledge that any such transactions I/we have authorized are in compliance with provisions of all applicable United States law.

Print Name Print Name

Signature X Date

Signature X Date

