



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED LOAN PAYMENTS (DEBITS)

By signing this form, I (We) hereby authorize Berkshire Bank, hereafter called Bank, to initiate debit entries to deduct the monthly loan payment (including any required escrow payments) from my (our) checking/savings account. Payments will be drafted on the due date and will be credited to my (our) loan account. I (We) understand and agree that if the payment amount of our loan changes, the Bank is not required to notify me (us) in advance of any change in the debit amount.

Further, I (we) understand that the automatic payments will not cover the final loan payment and that I (we) am (are) required to provide the final payment to Berkshire Bank.

I (We) agree to maintain sufficient funds in my (our) checking/savings account to enable the Bank to make this debit. If sufficient funds are not available on three separate monthly occasions, the Bank may automatically cancel this authorization and payment responsibility will revert back to the customer(s). This agreement may be terminated by the customer by giving fifteen (15) days written notice prior to the next payment due date.

CUSTOMER'S BANK INFORMATION:

INDICATE IF INFORMATION IS: NEW CHANGE Change is to: _____
BANK NAME: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
BANK ROUTING NUMBER: _____
DEPOSIT ACCOUNT #: _____ OR ACCOUNT #: _____
(Checking Account) (Savings Account – No Passbooks)

ATTACH VOIDED CHECK OR DOCUMENT VERIFYING SAVINGS ACCOUNT NUMBER

*Starter checks and/or letters from another Bank will **NOT** satisfy this requirement.*

BERKSHIRE BANK INFORMATION:

BERKSHIRE BANK LOAN ACCOUNT NUMBER: _____
DATE TO BEGIN PRE-AUTHORIZED PAYMENTS: _____
(15 day advance notice required)
MONTHLY PAYMENT AMOUNT: \$ _____

CUSTOMER NAME: _____ SOCIAL SECURITY #: _____
(Please Print)

CUSTOMER NAME: _____ SOCIAL SECURITY #: _____
(Please Print)

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

BERKSHIRE BANK:

COMPLETED BY: _____ COMPLETION DATE: _____