



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

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 of First Payment: _____

Frequency: Monthly Bi-Weekly

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*

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: _____ Verified: _____