

ACH PAYMENT AUTHORIZATION

Please complete the entire form and sign below. Attach a voided check (also include current payment if necessary)

Purpose of form (check one): New Applicant Change Request Cancel Auto Debit

Customer Name _____

Daytime Phone _____

Loan Acct#:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Payment Amount: _____

Additional Principal Payment _____

(This is the 10- digit number found on your invoice in the top right hand corner of the page. Do not leave off leading or ending zeros.)

Address _____ City _____ ST _____ Zip _____

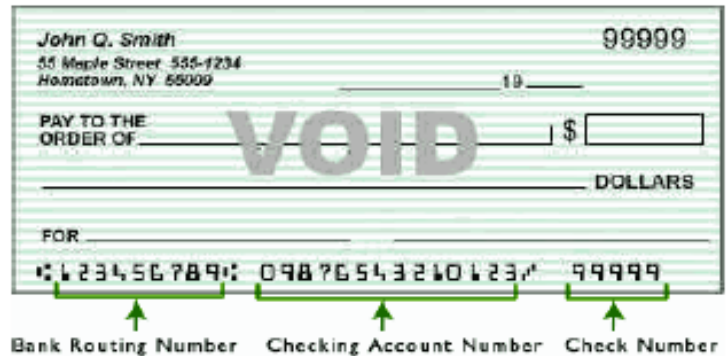
Please provide the following bank account information:

Name on Account _____

Bank Name _____

Routing Number _____

Account Number _____



I authorize Washington Savings Bank (WSB) , to initiate automatic payments from/ for the above specified loan account. I understand my account will be charged on the payment due date for the full payment due. I also understand that I will be subject to a return check fee if sufficient funds are not available at the time of the electronic fund transfer.

This authority is to remain in full force and effect for the loan term or until WSB has received written notification from me of its termination in such time and in such manner as to afford WSB a reasonable opportunity to act on it. **To ensure your account is current, send a payment with this form AND attach a voided check.**

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

I have read and agree to the above authorization agreement.

Signature _____ Date _____

To set up your automatic withdrawal account, please complete and sign form, attach a voided check (also include current payment if necessary) and mail to the address below:

Attn: Loan Department
Washington Savings Bank
PO Box 840
Dracut, MA 01826

- Make sure you include:
1. This form with **all** information filled in
 2. A voided check
 3. Payment for any due amount