

Automatic Payment Enrollment/Change Form

Please complete the applicable sections; then print, sign, and attach a copy of a voided check. You can:

- Drop off at any branch location
- Mail to P.O. Box 990, Manchester, NH 03105
- Fax to (603) 647-1120

Rep Initials ___

• Scan and send as an attachment through your Online Banking secure email

I hereby authorize St. Mary's Bank to initiate debit entries and to initiate, if necessary, adjustment credit entries to my account at the financial institution named below for the purpose of automatically paying my loan payment with St. Mary's Bank.*

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My St. Mary's Bank Loan Accoun	nt Number for Automatic Payment:	
Transfer Amount: (if different than the loan payment amount)		
Transfer Start Date: (if different than the loan payment due date) then monthly thereafter		
New Payment:		
To originate the debit (credit) e	ntry, my account information at the o	ther financial institution is as follows:
Name of Financial Institution: _	me of Financial Institution: Type of Account: Checking Savings	
Account Number to Debit:	Number to Debit: 9-Digit Bank Routing Number:	
Change to Current Enrollmen	t in Automatic Payments:	
Date:		N. Eff. tr. D. t. Cff. C
	Current Effective Date of Transfer	New Effective Date of Transfer
Amount of Payment:	Current Amount of Transfer	New Amount of Transfer
	current Amount of Trunsjer	ivew Amount of Trunsjer
	termination. Written notification	eived written notification from me, or is required at least 5 business days
Print Member Name	Member's	Signature Date
on a non-business day shall be processe first payment. Payments will be generat determined by the current payment am	ed on the immediately preceding business day. Led based upon the loan account's next due date	ninate this agreement at any time upon member