

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Customer Name:	
Loan Account:	Payment Amount: Regular Monthly Payment
Frequency:	<input type="checkbox"/> Monthly
Effective Date:	Termination Date:
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change to Previous Authorization

ACH DEBITS – NON-TCB ACCOUNT

I/We hereby authorize The Cooperative Bank, hereinafter called TCB, to initiate debit entries to my/our account at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Depository Name:		
Branch Address:		
City:	State:	Zip:
Routing Number:	<input type="checkbox"/> Voided check/deposit slip attached	
Account Number:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

INTERNAL PAYMENT – TCB ACCOUNT

Depository Name:	The Cooperative Bank		
Branch Address:	40 Belgrade Ave		
City:	Roslindale	State:	MA
Routing Number:	211070230		
Account Number:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until TCB has received written notification from me (or either of us) of its termination in such time and in such manner as to afford TCB and/or DEPOSITORY a reasonable opportunity to act on it.

Customer Signature: _____ **Date:** _____

Branch Use Only: By signing below Branch Representative certifies that all customers on this form meet TCB CIP requirements.

Branch Rep. _____ **ROS** _____
Print *Signature* *Branch* *Date*

Loan Operations Use Only:

Input by: _____ Date: _____