



Phone/Fax Request	
SSN	
MMN	
Other	

**COMMERCIAL LOAN - AUTOMATIC FUND TRANSFER AGREEMENT
(External)**

CIF # _____

Date _____ Time Received _____ **Type of Agreement:** New Change

As used in this Loan Automatic Fund Transfer form "you" and "your" signifies the owner(s) of the accounts identified below. Text following a box which is not checked does not apply to this agreement. Only you may authorize funds to be automatically transferred from your account. This authorization will remain in effect until Northeast Bank has received a written notification from you or you have received written notification from Northeast Bank. Northeast Bank must receive this notification of termination at least five (5) business days preceding the next scheduled date of transfer. Notification must be sent to: Northeast Bank, Attn: Loan Servicing, PO BOX 1707, Lewiston, ME 04241. For one-time transfers, the ACH will be processed on the date the Bank receives this completed and signed form unless it is received after business hours; in which case it will be processed on the next business day. **Please note: payment amount can fluctuate if escrowed or/and if rate adjustments occur.**

PAYMENT INFORMATION

Monthly Billed Amount Monthly Billed Amount plus \$ _____ additional principal each month.
 One time ACH of \$ _____

FREQUENCY

One Time Recurring Other (specify) _____
 Weekly: day of week (M-F) _____ Monthly: date of month (1-31) _____
 Date to begin _____ Fee _____

NOTE: If for a Loan payment, no more than a ten (10) day variance from loan due date.

TRANSFER FROM:

Institution Name _____ Address _____
 Bank Routing/Transit Number _____ Customer Name _____
 Account Number _____ **Type of Account:** Checking Savings Voided check/
 draft/deposit slip
 Other (specify) _____

TRANSFER TO:

Institution Name Northeast Bank Address 35 Canal Street, Lewiston ME 04240
 Bank Routing/Transit Number 211274557 Customer Name _____
 Account Number _____ **Type of Account:** Checking Savings Loan SDB

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day after the scheduled transfer date.

FEES: A fee will be assessed for each transfer of funds from a Northeast Bank account to another institution for a loan collection payment and one-time payment. If payment is returned due to insufficient funds, a fee in the amount of \$27 will be assessed to the loan. This method of payment may be cancelled if three (3) consecutive transfers are returned unpaid. For additional **fee** information refer to the bank's **Schedule of Fees** and for additional information on **limitations** refer to the **Electronic Funds Transfers Disclosure**.

By signing below you authorize Northeast Bank to transact the above automatic fund transfer and acknowledge the receipt of the EFT Disclosure, and Schedule of Fees.

Signature _____ Date _____
 Customer Signature Verified By _____ Branch _____

NOTE: For External Transfers scan/fax to Electronic Banking by 5:00pm for next business day processing. Provide the customer a copy of this completed form, the EFT Disclosure, and a Schedule of Fees.