



Authorization Agreement for Direct Payments

Customer Name		Loan Account	
Payment Amount	Regular Monthly Payment	Amount of \$ _____	
Frequency Monthly, on the due date	Recurring payment Monthly, on the	One Time payment on _____	
Effective Date		Termination Date	
<input type="radio"/> New Authorization		<input type="radio"/> Change to Previous Authorization	

ACH DEBITS – NON-TCB ACCOUNT DEPOSITORY

Depository Name		
Branch Address		
City	State	Zip
Routing Number	<input type="radio"/> Voided Check/Deposit Slip Attached	
Account Number	<input type="radio"/> Checking	<input type="radio"/> Savings

INTERNAL PAYMENT – TCB ACCOUNT DEPOSITORY

Depository Name The Cooperative Bank		
Branch Address 40 Belgrade Ave		
City Roslindale	State MA	Zip 02131
Routing Number 211070230		
Account Number	<input checked="" type="radio"/> Checking	<input type="radio"/> Savings

Authorization for ACH Loan Payments

I/We authorize The Cooperative Bank ("TCB") to initiate debit entries to the deposit account indicated above at the financial institution named in this authorization ("Depository"), and to debit such account for the purpose of making loan payments to TCB. I/We understand that TCB may initiate these entries electronically via the Automated Clearing House (ACH) network.

I/We acknowledge that the amount of my/our monthly loan payment may vary from time to time in accordance with the terms of my/our loan agreement (for example, changes in escrow, interest, or other applicable components).

I/We authorize TCB to debit the full amount due each month, even if the amount varies.

1. **Payment Timing** – Debits will occur on the scheduled due date or, if that date falls on a weekend or federal holiday, on the next business day, unless otherwise requested above.
2. **Returned Items** – If a debit is returned unpaid for any reason, I/we remain responsible for making the payment by other means and may be charged any applicable returned item fees under the terms of my/our account agreement.
3. **Revocation** – This authorization will remain in full force and effect until the termination date indicated above, or until I/we provide TCB with written notice of revocation at least three (3) business days prior to the next scheduled debit.
4. **Right to Obtain a Copy** – I/We acknowledge that a copy of this authorization will be provided to me/us upon request or at the time of execution.
5. **Internal Transfers** – If the payment is drawn from a TCB deposit account, I/we authorize TCB to make internal transfers rather than ACH transactions.

By signing below, I/we agree that this authorization complies with all applicable laws and NACHA Rules and that the information provided is accurate.

Customer Signature _____ Date _____

Branch Use Only: By signing below Branch Representative certifies that all customers on this form meet TCB CIP requirements.			
Branch Rep. _____ PRINT	_____ - SIGNATURE	ROS BRANCH	_____ DATE
Loan Operations Use Only			
Input by _____	_____	Date _____	_____
Reviewed by _____	_____	Date _____	_____