A Division of ion BANK

Authorization Agreement for Direct Payments

Customer Name	Loan Account	
Payment Amount	◉ Regular Monthly Payment	○ Amount of $_____
Frequency ☐ Monthly, on the due date ☐ Monthly, on the 31st	○ Recurring payment	◉ One Time payment on _____
Effective Date	Termination Date	
◉ New Authorization	○ Change to Previous Authorization	

ACH DEBITS – NON-TCB, A DIVISION OF ION BANK ACCOUNT DEPOSITORY

Depository Name		
Branch Address		
City	State	Zip
Routing Number	☐ Voided Check/Deposit Slip Attached	
Account Number	○ Checking	◉ Savings

INTERNAL PAYMENT – TCB, A DIVISION OF ION BANK ACCOUNT DEPOSITORY

Depository Name	**TCB, A Division of Ion Bank**		
Branch Address	**40 Belgrade Ave**		
City	**Roslindale**	State **MA**	Zip **02131**
Routing Number	**211070230**		
Account Number		○ Checking	○ Savings

Authorization for ACH Loan Payments

I/We authorize TCB, A Division of Ion Bank 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, A Division of Ion Bank . I/We understand that TCB, A Division of Ion Bank 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, A Division of Ion Bank 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, A Division of Ion Bank 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, A Division of Ion Bank deposit account, I/we authorize TCB, A Division of Ion Bank 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, A Division of Ion Bank CIP requirements.			
Branch Rep. _____ PRINT	_____ SIGNATURE	**ROS** - BRANCH	_____ DATE

Loan Operations Use Only	
Input by _____	Date _____
Reviewed by _____	Date _____