

**AUTHORIZATION FOR PREAUTHORIZED PAYMENTS**

**COMPANY NAME: Ulster Savings Bank COMPANY ID: 221971264**

I (we) hereby authorize Ulster Savings Bank to initiate debit entries to my (our) Ulster Savings Bank Checking or savings account indicated below and to credit the payment to the loan number I (we) have specified.

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

Loan # \_\_\_\_\_ Payment Amount \_\_\_\_\_

Start Date \_\_\_\_\_ Additional Principal \_\_\_\_\_  
(if any)

This authority is to remain in full force and effect until ULSTER SAVINGS BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ULSTER SAVINGS BANK a reasonable opportunity to act on it. I (we) understand that if my (our) payment amount changes, Ulster Savings Bank will adjust the amount of the monthly withdrawal to reflect that change.

Name (s) \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ SSN \_\_\_\_\_

Signed \_\_\_\_\_ SSN \_\_\_\_\_