



Automatic Transfer Authorization Form

Form can be used for both internal and external transfers.

Customer Name: _____

Bank Account for Automatic Payments

Routing #: _____

Account Type: ☐ Personal Checking ☐ Personal Savings
☐ Business Checking ☐ Business Savings

Account #: _____

Name on Account: _____

Financial Institution Name & City, ST: _____

Loan to be Paid

Loan #: _____

Date for Automatic Payments (Optional)

Date of First Payment (Optional)*: _____

**Please only provide if different than payment due date. Please allow 3 business days for processing.*

Additional Principal Payment (Optional)

Add an extra amount toward principal with each automatic payment. Leave blank if not applicable.

Extra Principal Amount (Optional) – \$ _____

Authorized Signer has confirmed the Account Number, Routing Number and all other information on this Authorization and certifies that the information provided is true, accurate, and that the Authorized Signer has full authority to authorize the transfer. If the Account is a business account, the undersigned Authorized Signer on behalf of the business also represents and warrants that (a) all the necessary organizational action has been taken to provide the undersigned the authority to: (i) serve as the Authorized Signer, (ii) execute and deliver this Authorization, (iii) accept the terms and conditions of this Authorization and other related documents, and (iv) request and/or contract for the services selected in this Authorization; and (b) such Authorization and acceptance is not prohibited by its organizational documents or otherwise.

By signing this form, you authorize Shore United Bank to transfer funds between the accounts identified above in accordance with the specific types of transfer(s). In the event of a loan payment amount that may be adjusted as set forth in the loan agreement, I/We authorize Shore United Bank to adjust the transfer amount accordingly. I/We agree that each charge to my/our account shall be the same as if I/We signed a check to pay the loan. Each of you acting alone can cause the transfers to be made. Automatic transfers scheduled for a date that falls on a weekend or holiday will be processed on the last business day preceding the date.

BANK LIABILITY: The Bank will NOT be liable: (1) if, through no fault of ours, your account does not contain sufficient funds to complete the transaction, (2) if circumstances beyond our control (such as fire, flood) prevent the transaction.

TERMINATION: This authorization will remain in effect until you or the bank terminates it. A termination by you will not be effective until the bank has received from you a signed written notice and has had a reasonable amount of time to act upon it. Any one account owner may terminate any transfer.

REGULATIONS: This authorization will be subject to all laws, regulations and rules of the United States and the State of Maryland, and to any changes in them that may in the future become effective. The rules and regulations for the accounts subject to transfer request, together with any changes that may in the future become effective also apply.

Authorized Signer

Date

For Shore United Bank's Internal Use Only. Received by: _____ (Initials) Date: _____

Preferred Rate Reduction Eligible? ☐ Yes, adjust int. rate accordingly ☐ No Disc Rate Cycle Review UDF: ☐ Reviewed

18 E. Dover Street • EASTON, MARYLAND 21601

TEL 410.822.1400 WEB shoreunitedbank.com