

HATBORO FEDERAL SAVINGS

CHARTERED 1941



221 SOUTH YORK ROAD
HATBORO, PA 19040-0550
(215) 675-4000 – FAX (215) 672-6684
www.hatborofed.com

ACH DEBIT AUTHORIZATION FORM

I (we) hereby authorize Hatboro Federal Savings to initiate debit entries from my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in effect until Hatboro Federal Savings is notified by me (us) in writing to cancel it in such time as to afford Hatboro Federal Savings reasonable opportunity to act on it.

FROM:

(Name of Financial Institution)

(Address of Financial Institution)

(Routing and Transit Number)

(Phone Number)

(Account Number)

_____ Checking _____ Savings

TO:

Hatboro Federal Savings

(Loan Account Number)

(Frequency)

Regular Monthly Payment
(Amount)

(Effective Date)

I (we) understand that Hatboro Federal Savings reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification to me (us).

I (we) understand that the origination of an ACH transaction to or from my (our) account must comply with provisions of United States Law.

(Signature)

(Date)

(Signature)

(Date)

Name: Please Print

Address – Please Print

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Return To:

Hatboro Federal Savings; ATTN: Loan Servicing; 229 S. York Rd.; Hatboro, PA 19040