



ACH DEBIT AUTHORIZATION FORM

I (we) hereby authorize Hatboro Federal Savings to initiate debit entries from my checking/savings account

a single (one-time) entry

recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)

subsequent entries (initiated under the terms of this standing authorization) that require my affirmative action to initiate those future entries

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 a time as to afford Hatboro Federal Savings reasonable opportunity to act on it.

FROM:

Name of Financial Institution

Address of Financial Institution

Routing & Transit Number

Phone Number

Account Number

Checking* Savings

TO: HATBORO FEDERAL SAVINGS

Loan Number

Frequency

Monthly Payment

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

Names (Please print)

Complete Address (Please print)

***IF USING A CHECKING ACCOUNT PLEASE ATTACH A VOIDED CHECK TO THIS FORM**

Return to:
Hatboro Federal Savings, Attn: Loan Servicing, 229 S. York Road, Hatboro, PA, 19040



June 11, 2026