



**South Shore  
Bank**

**TRANSFER MANAGEMENT SET-UP FORM**

Add

Update

Delete

DATE: \_\_\_\_\_

CUSTOMERS NAME AND ADDRESS

PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

I, Hereby Authorize and Request THE SOUTH SHORE BANK to effect the following transaction:

Weekly

Bi-Weekly

Monthly

From Account:

To Account:

Savings # \_\_\_\_\_

Savings # \_\_\_\_\_

DDA # \_\_\_\_\_

DDA # \_\_\_\_\_

Amount \$ \_\_\_\_\_

For Payment  
of Mortgage # \_\_\_\_\_

1<sup>st</sup> Trans-  
action date \_\_\_\_\_

Loan # \_\_\_\_\_

IF AT ANY TIME THIS TRANSFER IS TO BE STOPPED IT WILL BE THE CUSTOMERS' RESPONSIBILITY TO NOTIFY THE BANK IN WRITING AT LEAST 30 DAYS BEFORE THE TRANSACTION DATE.

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
Witness Title

Please complete, print, sign and mail to:

South Shore Bank Attn: Loan Servicing Center P.O. Box 151, Weymouth MA 02188.