



ACH ORIGINATION TRANSFER AGREEMENT
Debit

I, _____, hereby authorize South Shore Bank to originate an
ACH debit in the amount of \$ _____, Regular Payment Fixed Amount, from
account # _____ Checking Savings at Bank Name
Routing # _____ to credit my Loan # _____ at South Shore Bank starting
on (Date) _____ .

- I understand that this transfer will be made until I notify the Bank in writing to stop this transfer. Written notification of termination must be received in such time and in such manner as to afford the Bank a reasonable opportunity to act on it.
I agree that the Bank may amend or cancel this agreement upon 30 days written notice mailed to me at the address listed in the Bank's records at the time the notice is mailed.
I must accept and maintain sufficient balance to allow charge-backs on ACH debits for NSF, NOC, revocations, and any debit ACH entry that may be returned and agree to hold harmless and without liability the ODFI and RDFI for such return items. According to the ACH rules, the consumer has the right to revoke an ACH debit entry to their account up to 60 days from the entry date. Charges may apply. If the balance is insufficient to complete the transfer, a notice of Insufficient Balance will be mailed to the consumer on or before the next business day.
The above rules are in accordance with the rules and regulations of NACHA and NEACH.

Customer Signature

Date

Daytime Telephone Number

Accepted by:
Print, Sign and Mail* to:
South Shore Bank, Loan Service Center, P.O. Box 151, Weymouth MA 02188-0151

*Please keep a copy of this form for your records