

Customer Name

Automatic Loan Payment ACH Authorization

Meridian Loan Acct #

USE THIS FORM IF YOU WANT TO HAVE YOUR LOAN PAYMENT AUTOMATICALLY TRANSFERRED FROM YOUR ACCOUNT IN **ANOTHER FINANCIAL** INSTITUTION. FOR TRANSFERS FROM A MERIDIAN BANK ACCOUNT, USE THE **AUTOMATIC LOAN PAYMENT TRANSFER AUTHORIZATION FORM**. COMPLETE FORM ON YOUR COMPUTER, PRINT IT OUT, SIGN IT AND RETURN IT WITH YOUR LOAN PAYMENT. PLEASE SAVE A COPY FOR YOUR OWN RECORDS.

IMPORTANT: IF YOU ARE USING A CHECKING ACCOUNT YOU MUST INCLUDE A VOIDED CHECK FROM THAT ACCOUNT. IF USING A SAVINGS ACCOUNT, YOU MUST SEND A PRE-PRINTED SAVINGS DEPOSIT TICKET THAT INCLUDES THE INSTITUTION'S ABA (ROUTING) NUMBER AND YOUR ACCOUNT NUMBER.

IF A VOIDED CHECK OR DEPOSIT TICKET IS NOT ENCLOSED, AUTHORIZATION MAY BE RETURNED AND PROCESSING DELAYED.

Email		Daytime Phone #					
ACH Details THIS SECTION TO BE COMPLETED BY AUTHORIZED PERSON							
ACTION REQUIRED (CHECK ONE):							
New Auth	Change Existing Authorization						
Other Depository Institution							
City		State	Zip	Pho	ne		
ABA Routing #	Туре						
		Checking	Checking Savings Money				
Account #		Name On Account					
Amount of Doymont							
Amount of Payment We will make ACH Withdrawals on the following basis (Check one):							
Billed Amount Billed Amount + \$		in extra principal			d Amount* \$ be greater than the billed amount.		
Withdrawal Date							
IF the requested Transfer Date is a non-processing day for us, the transfer will be made on the first processing day following the requested							
My payment should be deducted (Check one):							
On the Due Date On the day of the month (Max. 7 days before or after the Due Date)							
Start Date Requested							

(mm/dd/yyyy)

Start Date Requested: Please begin my automatic withdrawals on _

In order to make my loan payment for the amount specified by this authorization, I hereby authorize Meridian Bank to initiate withdrawals from, or make deposits to correct withdrawal entry errors to, the Depository Institution account listed on Page 1.

I understand the following terms and conditions of this authorization:

- If a payment date falls on a weekend or federal holiday, the automatic debit (withdrawal) to my account will be made on the last business day prior to the weekend or holiday.
- Notification will not be given for every scheduled debit from my account, but each will be indicated on my account statement.
- The use of Automated Clearing House (ACH) transactions to pay my loan is governed by NACHA rules and U.S. law, and I agree to abide by them.
- I certify that there are no pending bankruptcy proceedings, nor have I received a bankruptcy discharge on the loan identified above.
- IF A VOIDED CHECK OR DEPOSIT TICKET IS NOT ENCLOSED, AUTHORIZATION MAY BE RETURNED AND PROCESSING DELAYED.
- I further authorize Meridian Bank to attempt to withdraw my payment up to an additional two (2) times should the initial scheduled attempt be rejected due to insufficient funds.
- Meridian Bank is not responsible for any resultant fees, penalties or late charges.
- Repeated returned payments will result in termination of the program.

This authorization will not take effect until it is processed by Meridian Bank and accepted by your depository institution. If Meridian Bank is unable to institute Automatic Payments by the date requested, notification will be made to the Email address/phone number provided.

I understand that unless I have provided an end date, this authorization remains in effect until Meridian Bank receives written notification from me to terminate the authorization at least ten (10) calendar days prior to the next scheduled transfer date, or until maturity of CD or loan, if applicable, whichever comes first. Termination notices can be sent via secure messaging in Digital Banking or the address below:

Meridian Bank Attn: Loan Operations 367 Eagleview Blvd Exton PA 19341

Signatures THIS SECTION TO BE COMPLETED BY AUTHORIZED PERSON					
Authorized Signature	Date				
Printed Name (for Business Accts)	Title				
Authorized Signature	Date				
Printed Name (for Business Accts)	Title				

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING

ATTACH EITHER A VOIDED CHECK OR DEPOSIT TICKET HERE