



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (PDF Fill-In Form Instructions)

✓ When To Use This Form

Use this form to authorize Salem Five to make automatic payment withdrawals from your bank account to pay your loan/mortgage at Salem Five.

✓ Instructions and Guidelines

There are two options for utilizing our online forms:

- You may print this blank form, fill it out, sign it and mail it to the address below.
 - You can type your information directly on the form below, print it, sign it and mail it to the address below.
- ##### For additional assistance or questions, please call us at **800.850.5000**.

**If signing this agreement as part of a loan closing, DO NOT return form with the closing package.
Please mail this agreement separately to the address below.**

✓ Contact Information

Mailing Address:	Telephone	Website	E-Mail
Salem Five ATTN: LOAN OPERATIONS 210 Essex Street Salem, MA 01970	(800) 850-5000 (978) 745-5555	www.salemfive.com	mail@salemfive.com Please do not e-mail personal or confidential information.

IMPORTANT INFORMATION REGARDING THIS AGREEMENT

NOTIFICATION THAT AUTOMATIC PAYMENTS WILL BEGIN

I UNDERSTAND THAT MY MONTHLY STATEMENTS WILL INDICATE WHEN THE AUTOMATIC PAYMENTS WILL BEGIN. AUTOMATIC PAYMENTS WILL NOT BE PROCESSED PRIOR TO THIS NOTIFICATION APPEARING ON MY MONTHLY STATEMENT.

PAYMENTS DUE PRIOR TO INITIATION OF AUTOMATIC PAYMENTS

I UNDERSTAND THAT I SHOULD CONTINUE TO SEND MY PAYMENTS TO YOU UNTIL MY MONTHLY STATEMENT INDICATES THAT MY PAYMENTS WILL BE PROCESSED AUTOMATICALLY.

CANCELLING MY AUTOMATIC PAYMENTS

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM ME TO CHANGE OR TERMINATE THIS AUTHORIZATION. I UNDERSTAND THAT THIS WRITTEN NOTIFICATION MUST BE RECEIVED BY YOU AT LEAST THIRTY (30) DAYS PRIOR TO THE DATE OF THE NEXT SCHEDULED DEBIT ENTRY.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

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PLEASE RETAIN A COPY OF THIS AGREEMENT FOR YOUR RECORDS