



611 River Drive, Elmwood Park, NJ 07407
Telephone (201) 703-3800 Fax (201) 797-5374

AUTOMATIC LOAN PAYMENT AUTHORIZATION

Borrower Name: _____

Property Address: _____

Telephone # _____

Institution/Account to be debited:

Name of Institution: _____

Address (Branch Location) _____

ABA (Routing) Number _____
(Necessary if Institution Named is other than Spencer Savings)

Account Number _____ Checking/Statement Savings
(circle one)

*****If possible, please attach a check marked "VOID"**

Spencer Savings Loan to be Credited:

Loan Number: _____

Regular Monthly Payment Amount: \$ _____

Additional Principal Amount: \$ _____

Total Monthly Payment Amount: \$ _____

Debit Due Date for Payment _____

I authorize Spencer Savings Bank, SLA to automatically debit the above referenced account at the institution identified on a monthly basis as payment for the above loan account. Payments will be deducted on the above debit date until the loan is paid in full. If the debit due date is a non-banking day, the transfer will take place on the first business day following it. Spencer Savings will send you a notification as to the initial debit start date and upon any future payment changes made to your loan account.

Authorized Signature

Print Name

Date

Authorized Signature

Print Name

Date
