## Newtown Savings Bank 39 Main Street Newtown, CT 06470 203.426.2563

| Pre-Authorized Transfer Form                                      |                                                                         |                                                                                                                      |
|-------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Customer Name(s):                                                 |                                                                         |                                                                                                                      |
| Address:                                                          |                                                                         |                                                                                                                      |
| City, State, Zip:                                                 |                                                                         | Phone Number:                                                                                                        |
|                                                                   |                                                                         |                                                                                                                      |
| Form Type (select one):                                           |                                                                         |                                                                                                                      |
| Internal Transfer:                                                |                                                                         | External Transfer (action happening at other Financial Institution): Attach voided check or bank letter verification |
| ☐ Deposit ☐ Loan Payment ☐ Other                                  |                                                                         | ☐ Deposit ☐ Loan Payment ☐ Withdrawal                                                                                |
| Beginning Date:                                                   |                                                                         | Expiration Date (if applicable):                                                                                     |
|                                                                   |                                                                         |                                                                                                                      |
| Debit (Donor) Account Information:                                |                                                                         |                                                                                                                      |
| Account Number:                                                   |                                                                         |                                                                                                                      |
| Account Type:                                                     | ☐ Checking/MMDA ☐ Savings ☐ CD Interest (internal only)                 |                                                                                                                      |
| Financial Institution:                                            | □ Newtown Savings Bank OR □ Bank Name:                                  |                                                                                                                      |
|                                                                   | And Bank Routing Number:                                                |                                                                                                                      |
| Credit (Recipient) Account Information:                           |                                                                         |                                                                                                                      |
| Account Number:                                                   |                                                                         |                                                                                                                      |
| Account Type:                                                     | □ Checking/MMDA □ Savings □ Loan     □ Safe Deposit Box Payment □ Other |                                                                                                                      |
| Financial Institution:                                            | □ Newtown Savings Bank OR                                               |                                                                                                                      |
|                                                                   | □ Bank Name:                                                            |                                                                                                                      |
|                                                                   | And Bank Routing Number:                                                |                                                                                                                      |
| Transfer Details                                                  |                                                                         |                                                                                                                      |
| ☐ Transfer Fixed Amount \$ (not available for loans)              |                                                                         |                                                                                                                      |
| ☐ Transfer Amount of Loan Payment Due                             |                                                                         |                                                                                                                      |
| □ Apply \$ to principal balance of loan                           |                                                                         |                                                                                                                      |
| Frequency (*Transfers to loans must match loan payment frequency) |                                                                         |                                                                                                                      |
| □ Weekly □ Biweekly □ Monthly □ Quarterly □ Annually □ Other      |                                                                         |                                                                                                                      |
| I/we agree to the Terms and confirm the information about         |                                                                         | thorized Transfer Form and Agreement. By signing, I/we                                                               |
| Date:                                                             |                                                                         |                                                                                                                      |
| Customer Signature                                                |                                                                         |                                                                                                                      |
| Date:                                                             |                                                                         |                                                                                                                      |
| Customer Signature                                                |                                                                         |                                                                                                                      |
| Received by-<br>Employee Name:                                    |                                                                         | Completed by-<br>Employee Name:                                                                                      |

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## **Pre-Authorized Transfer Agreement**

As used in this Pre-Authorized Transfer Agreement (the "Agreement"), the words, "I", "we" and "us" mean all who have signed it. The "Bank" means Newtown Savings Bank. "Business Day" means Monday through Friday, excluding holidays.

I authorize the Bank to make transfers as indicated on my Pre-Authorized Transfer Form (the "Form"), beginning on the stated transfer date and thereafter, according to the frequency selected. Funds must be available in the donor account one Business Day prior to the stated transfer date.

Transfers will be made only if, on the stated transfer date, the transfer can be made in full, from the funds available in the authorized donor account. If the transfer cannot be made as scheduled because of unavailable funds in my account, the actions listed below will be taken.

**Internal Transfers** (transfer from one Newtown Savings Bank account to another Newtown Savings Bank account):

- If an internal transfer for a loan payment cannot be made as scheduled because of unavailable funds in my account, the transfer will be attempted for 30 days.
- If an internal scheduled transfer between accounts cannot be made as scheduled because of unavailable funds in my account, the transfer will be attempted for 7 days.

External Transfers (transfer between Newtown Savings Bank and another bank):

- If an external transfer for a Newtown Savings Bank loan payment cannot be made as scheduled because of unavailable funds in my account, the transfer will be attempted until the loan payment is made.
- If an external transfer from a Newtown Savings Bank deposit account to an external deposit account cannot be made as scheduled because of unavailable funds in my account, the transfer will be attempted for 7 days.
- If an external transfer from an external deposit account to a Newtown Savings Bank deposit account cannot be made as scheduled because of unavailable funds in my account, the transfer will not be reattempted.

If the stated transfer date falls on a Saturday, Sunday or holiday, the transfer will be made on the following Business Day, provided funds are available. Transfers may be scheduled weekly, biweekly, monthly, or quarterly, or as allowed by the Bank. Transfers to loans must match the loan payment frequency and be equal to your regular loan payment. Extra payments to the principal of a loan will only be made if the current monthly loan payment due is satisfied. Loan payments may change due to escrow or rate changes; the Bank will update the transfer amount at that time on my behalf.

Account holders must be the same on the donor and recipient account, unless approved by the Bank.

If I have authorized more than one transfer from the same account on the same day, the Bank will make them in full, in any order it chooses, to the extent that funds are available. If the Bank has granted me a line of credit account, the Bank may, to the extent of my available credit, advance funds to my personal checking account in order to make authorized payments from that account. However, Overdraft Privilege amounts are not included in the available balance for Pre-Authorized Transfers. The Bank has no obligation to notify me of its failure to make any of the payments or transfers I have authorized if that failure results from lack of available funds in my account.

Cancellations This authorization is to remain in full force and in effect until the Bank has received written notification from me of its termination at least **five (5) business days prior** to my next payment to afford the Bank and the depository company reasonable opportunity to act on it. Any deposit account holder may make changes to the Form or cancel this Agreement. The Bank may amend or cancel this Agreement at any time. Any such amendment or cancellation will be effective ten (10) days after mailing notice of amendment or cancellation to any one of us at the address shown on the Bank's records.