Sugar River Bank

*DIRECT PAYMENT*

We are pleased to offer you a new service-the *Direct Payment* Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The *Direct Payment* Plan will help you in several ways:

• It saves time - fewer checks to write.

• Helps meet your commitment in a convenient and timely manner- even if you're on vacation or out of town.

• No lost or misplaced statements, your payment is always on time-it helps maintain good credit.

• It saves postage.

• It's easy to sign up for,easy to cancel.

• No late charges.

IMPORTANT! If your payment is returned by your bank for insufficient funds or any reason, you will incur a $35 Return Check Charge in addition to the original amount of the payment.

Here's how the *Direct Payment* Plan works: You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement. The authority you give to charge your account

will remain in effect untilyou notify us in writing

to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

*All you need to do is:*

1 . Mark the box before type of account to indicate whether your payment will be deducted

from your checking or savings account.

2. Fill in your name, financial institution name and location and date.

3. Attach a voided check for verification of all

financial institution information. If you are unable

to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

Iauthorize (insert company name) t.o initiate electronic debit entries to my: o checking account or o savings account

for payment of my (type of bill}, . I acknowledge that the

origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date

FinancialInstitution Name (Please Print}

Financial Institution City and State

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Account Number at FinancialInstitution -------------------------------------- FinancialInstitution Routing/Transit Number ------------------------

Signature ------------------- Print Name