

ACH Transfer Authorization Form

| Cust | omer Name: | | | | |
|-------------------------|---------------------------------------|---|---|------------------|--------------------|
| From | n: | | | | |
| | | (Account #, pl | ease check applicable accou | nt type below) | |
| | Personal Checking Personal Savings | | Business Checking Business Savings | | |
| To: | | | | | |
| | | (Account #, please check applicable account type below) | | | |
| | Personal Checking Personal Savings | | Business Checking Business Savings | | Loan |
| Amo | unt: | | | | |
| | | ☐ Check if | payment is variable (i.e. int | erest-only pay | ments) |
| Is thi | s amount the same as the | e regular payr | ment? | | |
| |] Yes | | No | | |
| Freq | uency of Transfers: | | | | |
| | ☐ Weekly | | Monthly | | |
| | ☐ Bi-Weekly | | Semi-Monthly* | | |
| Effec | ctive Start/Transfer Date: | | | | |
| | | | art dates are needed for Sen ays for ACH processing) | ni-Monthly frequ | uency option |
| Is the | e effective start/transfer | date the same | e as the loan payment (| due date? | |
| | Yes | | No | | |
| <u> </u> | For ACH Transfers To/Fr | om Other Ins | titutions (will not be p | rocessed wit | hout voided check) |
| Depo | ository Name: | | | | |
| Trans | sit/Routing #: | | | | |
| City. State & Zip Code: | | | | | |

By signing this form, you authorize Shore United Bank to transfer funds between the accounts identified above in accordance with the specific types of transfer(s). In the event of a loan payment amount that may be adjusted as set forth in the loan agreement, I/We authorize Shore United Bank to adjust the transfer amount accordingly. I/We agree that each charge to my/our account shall be the same as if I/We signed a check to pay the loan. Each of you acting alone can cause the transfers to be made.

BANK LIABILITY: If we do not properly complete a transaction to or from your accounts in the correct amount or in a timely manner, or do not honor your request to cancel a future payment, we will be liable for your losses or damages. However, we will NOT be liable: (1) if, through no fault of ours, your account does not contain enough money to make or complete the transaction, (2) if circumstances beyond our control (such as fire, flood) prevent the transaction.

TERMINATION: This authorization will remain in effect until you, or the bank terminates it. A termination by you will not be effective until the bank has received from you a signed written notice and has had a reasonable amount of time to act upon it. Any one account owner may terminate any transfer. If your loan transfer authorization is cancelled or stopped for any reason, including delinquency, the periodic rate, margin (if applicable), and annual percentage rate may be increased, and thus the monthly payment will be increased also.

REGULATIONS: This authorization will be subject to all laws, regulations and rules of the United States and the State of Maryland, and to any changes in them that may in the future become effective. The rules and regulations for the accounts subject to transfer request, together with any changes that may in the future become effective also apply.

| Customer Signature | Date |
|--|----------------------|
| | |
| For Shore United Bank's Internal Use Only. | (Completed By & Date |