Automatic Payment Enrollment Form



Date:												
Customer/Account Name	(s):										New Request	
Quaint Oak Loan Number:											Revise Existing	
institution the required m Quaint Oak Bank loan nur	nonthly minim mber. I unders er changes in a	um paym stand this accordan	ent a amo ce wi	s per unt m	the r	note c ary du	oblig ue to	gation o char	nasso nges	ocia [.] or a	Dak Bank or another financial ited with the above mentioned adjustments in the interest rate cable). My monthly payment w	<u>,</u>
I understand that my pay indicated below:	ments will be i	made on	my "d	due d	ate" a	as des	scrik	oed in	my r	note	e obligation unless otherwise	
Delayed payment option	s: 🗌 5 days	after due	date	[□ 7 ·	days a	afte	r due	date		\square 10 days after due date	
I authorize Quaint Oak Ba	nk to make ad	lditional r	montl	hly pr	incip	al pa	yme	ent of	: \$ _			
☐ Checking Account	☐ Savings Ac	count l	No:									
Financial Institutional Na	ne:									•		
Bank Routing No.												
Please attach a voided chec	k or copy of a vo	oided chec	k to e	nsure	the a	ccura	су о	f the ir	nform	natio	on above.	
Terms and Conditions: I understand and acknowled	ge the following	:										
 I agree to maintain sufficient available balances in my deposit account to cover any withdrawals I have herein or otherwise previously authorized. I authorize Quaint Oak Bank to correct any transaction error made by Quaint Oak Bank to an account identified in this Authorization. I am responsible for and hold Quaint Oak Bank harmless from fees charged against my account(s) resulting from this Authorization. If the financial institution indicated above does not honor Quaint Oak Bank's withdrawal for any reason Quaint Oak Bank may require future transfers to be made by check. 					 If the financial institution recalls said ACH transaction for any lawful reason, Quaint Oak Bank will reverse any amount credited to my Quaint Oak Bank account This authorization will remain in full force and effect until Quaint Oak Bank has received written notification from any owner of the deposit account of its revision or termination at least three (3) business days prior to the scheduled transfer. I understand any transfers made to or from my Bank account could take up to 3 business days to be completed in full. 							
By signing below, I ackno this form for my records.	wledge and aલ્	gree to th	e terr	ms or	n this	enrol	llme	ent for	rm ar	nd t	chat I have received a copy of	
Signature								_	Date	<u>ة</u>		