



Automatic Loan Payment Authorization

I hereby authorize Cambridge Savings Bank to debit entries and to initiate, if necessary, adjustment credit entries to my account at the financial institution named below for the purpose of automatically paying my loan payment with Cambridge Savings Bank.

Automatic loan payments will begin on the first due date of my loan after this authorization form is processed by Cambridge Savings Bank; processing may take up to five (5) business days after receipt of the completed form. Loan payments due on a non-business day or holiday will be processed the following business day.

I understand that the amount of my automatic loan payment may fluctuate depending on the payment amount due under the terms of my loan agreement and any escrow account established in connection with my loan. Changes to the payment amount will be disclosed on my monthly billing statement and/or other written notification sent to me at least 10 days before the scheduled automatic payment.

If an automatic loan payment is returned for insufficient funds or any other reason, I may be assessed a fee at the time of the return. I authorize Cambridge Savings Bank to attempt to withdraw my payment up to one (1) additional time should the initial scheduled payment attempt be returned. Cambridge Savings Bank is not liable for any fees, damages, or charges that I incur if I do not have sufficient funds in my account to make an automatic loan payment.

If I wish to cancel the automatic loan payments that I have authorized pursuant to the terms of this agreement, I must notify Cambridge Savings Bank orally or in writing at least five (5) business days prior to the scheduled automatic loan payment by calling 888-418-5626. Any other changes to this agreement, including changes to the payment amount and/or payment account must be made in writing by submitting a secure email via your Online Banking profile, or mailing us at Cambridge Savings Bank, Attn: Loan Servicing, 1374 Massachusetts Ave, Cambridge MA 02138.

By submitting this Payment Authorization, I am acknowledging that I am an account holder or authorized signer on the account listed for automatic payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.

I acknowledge and accept the terms and conditions of this Automatic Loan Payment Authorization agreement.

_____ / /
Customer Signature Customer Printed Name Date

Cambridge Savings Bank Loan Account Information: Loan/Mortgage Account Number: _____ Borrower Name (Primary): _____ Borrower Name (Joint): _____	Please Select One Option: <input type="checkbox"/> Regular Monthly Payment <input type="checkbox"/> Regular Monthly Payment plus additional principal below: Extra Principal \$ _____
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Payment Account Information:	
This is an account with:	Account Number _____
<input type="checkbox"/> Cambridge Savings Bank (CSB)	<input type="checkbox"/> Checking/Money Market
<input type="checkbox"/> Other Financial Institution	<input type="checkbox"/> Savings Account (excluding Passbook Savings or CD)
Complete Only For Payment from a Non-Cambridge Savings Bank Account:	
_____	_____
Name of Financial Institution	9-Digit ABA/Transit Routing Number

Address of Financial Institution	



If mailing in your Automatic Loan Payment Authorization Form, please mail to:

Cambridge Savings Bank
ATTN: Loan Servicing Department
81 Wyman St
Waltham, MA 02451

Please keep a copy of this form for your records.
Should you need any further assistance, please contact us at 888.418.5626.

Bank Use Only

New setup Change in existing setup