

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED LOAN PAYMENTS (DEBITS)

By signing this form, I (We) hereby authorize Berkshire Bank, hereafter called Bank, to initiate debit entries to deduct the monthly loan payment (including any required escrow payments) from my (our) checking/savings account. Payments will be drafted on the due date and will be credited to my (our) loan account. I (We) understand and agree that if the payment amount of our loan changes, the Bank is not required to notify me (us) in advance of any change in the debit amount.

Further, I (we) understand that the automatic payments will not cover the final loan payment and that I (we) am (are) required to provide the final payment to Berkshire Bank.

I (We) agree to maintain sufficient funds in my (our) checking/savings account to enable the Bank to make this debit. If sufficient funds are not available on three separate monthly occasions, the Bank may automatically cancel this authorization and payment responsibility will revert back to the customer(s). This agreement may be terminated by the customer by giving fifteen (15) days written notice prior to the next payment due date.

CUSTOMER'S BANK INFORM	AATION:		
INDICATE IF INFORMATION IS:	NEW CHANG	E Change is to:	
BANK NAME:			
STREET:	CITY:	STATE:	ZIP:
BANK ROUTING NUMBER:			
DEPOSIT ACCOUNT #:	OR ACCOUNT #:		
	(Checking Account)	Checking Account) (Savings Account – No Passbook	
ATTACH VOIDED CH	ECK OR DOCUMENT VEI	RIFYING SAVINGS ACCO	UNT NUMBER
Starter checks an	nd/or letters from another Bank	will <u>NOT</u> satisfy this requirem	ient.
BERKSHIRE BANK INFORM	ATION:		
BERKSHIRE BANK LOAN ACCOUNT	NUMBER:		
DATE TO BEGIN PRE-AUTHORIZED	PAYMENTS:		
	(15 day advance notice required)		
MONTHLY PAYMENT AMOUNT:	\$		
CURTOMED NAME.			
CUSTOMER NAME:	(Please Print)	SOCIAL SECURITY #:	
CUSTOMER NAME:		SOCIAL SECURITY #:	
	(Please Print)		
SIGNATURE:		DATE:	
SIGNATURE:		DATE:	

COMPLETION DATE:

BERKSHIRE BANK: COMPLETED BY:

P.O. Box 1308, Pittsfield, MA 01202-1308 (413) 443-5601 • 1-800-773-5601