

**AUTHORIZATION AND INDEMNIFICATION TO DRAW CHECKS OR DEBITS**

In order to provide a method, convenient to me/us, of making payments to Hoyne Savings Bank (HSB), I/we hereby authorize and direct HSB to draw checks or debits (electronic, paper, or otherwise) from my/our account as specified below:

Accountholder(s) \_\_\_\_\_

Bank Name and ABA \_\_\_\_\_

Debit Account # (DA) \_\_\_\_\_

Credit HSB Loan # \_\_\_\_\_

Choose one of the following:

1. \_\_\_\_\_ Regular Monthly Payment (RMP) Amount \$ \_\_\_\_\_

or

2. \_\_\_\_\_ A Fixed Monthly Amount \$ \_\_\_\_\_

or

3. \_\_\_\_\_ Minimum Monthly Payment (MMP) Amount **(HELOC only)**

or

4. \_\_\_\_\_ Total Due (TD) Amount **(Bi-weekly only)**

Effective date and thereafter \_\_\_\_\_

I/we understand that the RMP, MMP and TD are defined in my/our loan documents, and that these amounts may vary from time to time as per the terms of my/our loan documents. If the fixed amount option, choice 2, is selected I/we understand that the amount must never be less than the RMP and that it will be my/our responsibility to notify HSB of any amount changes. I/we certify that I/we am/are authorized signers to withdraw from the DA. I/we further agree to maintain the DA balance to cover the withdrawal or transfer of these payments as they become due. If such withdrawal or transfer creates an overdraft, HSB may, solely in its discretion, take any action HSB deems necessary to correct the overdraft. In the event that an overdraft is created, it is understood that such overdraft is subject to any normal HSB service charge(s).

This service may be terminated by HSB at any time. This authorization will continue until it is terminated by HSB or terminated by me/us in writing, at least ten business days before the loan payment date. I/we understand that any authorization for debit applicable to bi-weekly loans may not be terminated by us/me unless the loan is repaid in full. I further agree to hold HSB harmless if it is unable to make any withdrawal or transfer on a timely basis due to any problem beyond the control of HSB. If I/we make a change which will alter this agreement, I/we may be required to file a new authorization form reflecting these changes.

I/we understand that the payment arrangement described herein is for my/our sole convenience and does not alter, change, or modify my/our contractual obligations to HSB as set forth in my/our loan documents. I/we acknowledge that the origination of debit transactions to my/our account(s) must comply with the provisions of U.S. law. I/we acknowledge that I/we have received a signed copy of this authorization.

Date \_\_\_\_\_

Accountholder

Accountholder