

# Direct Deposit/Automatic Withdrawal Form

## Customer Information

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Name

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Address City State Zip

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Phone #

Select (X) appropriate box

<input type="checkbox"/> Deposit	<input type="checkbox"/> Withdrawal
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## Provider Information

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Name

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Address City State Zip

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Phone #

**\*Please use the following information to set up my direct deposit/withdrawal effective immediately**

### Harleysville Savings Bank

Name

271 Main Street

Address

231372361

Routing #

Harleysville

City

PA 19438

State

Zip

Account # (10 digits)

Select (X) appropriate box

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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Signature

Date

### Authorization agreement for automatic withdrawal:

I hereby authorize Harleysville Savings Bank to charge the account I have specified in the amount of my monthly service bill and send that amount to my provider. I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I notify my service provider otherwise. If I change the account or financial institution specified, I will provide written authorization for the new financial institution to my provider. In addition, I have the right to stop payment for a charge by notifying my financial institution before the account is charged. I understand both the financial institution and my service provider reserve the right to terminate this payment plan and/or my participation therein.

Initial

Member  
**FDIC**