



71-02 Forest Avenue  
Ridgewood, New York 11385  
(718) 240-4800

**Automatic Withdrawal Authorization for Breezy Point Co-op**

Shareholder Name: \_\_\_\_\_  
(please print)

Beach Address: \_\_\_\_\_

Breezy Point Shareholder Number: \_\_\_\_\_

**1. Direction for Withdrawal**

The undersigned hereby directs Ridgewood Savings Bank (the "Bank") to withdraw an amount necessary to make my monthly Co-op Maintenance fee payment, currently \$\_\_\_\_\_. which I/we have on deposit in my/our account at the depository named below, each and every month on the 5<sup>th</sup> day of the month beginning on \_\_\_\_\_ (the "withdrawal due date") until this Authorization is terminated. Sufficient, cleared funds to cover the payment must be available in my/our account at 12:01 am on the withdrawal due date. If the balance in my deposit account is insufficient or uncollected, no automatic deduction of the payment will be made and I/we will be responsible for the payment due.

**2. Depository Information**

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Title \_\_\_\_\_

Account Number \_\_\_\_\_

**Please check one**  Checking (**Please attach a voided check**)  Statement Savings

**3. Liability for Co-op Maintenance Fee Payments**

In the event that the withdrawal requested herein does not take place, regardless of whether the Bank is at fault, I/we will remain liable for my/our Co-op Maintenance Fee payment and any late payment charges incurred:

**4. Amount of Withdrawal**

The amount specified above is the amount necessary to fully meet my/our current monthly payment obligation. The amount of this payment obligation may change. If it does, I/we hereby direct the Bank to change the withdrawal amount to the amount necessary to meet that payment obligation. I/We acknowledge that my/our payment amount will vary if I/we are charged the fee described in Paragraph 7 below.

**We Take Banking Personally**  
Member FDIC

**5. Continuation/Termination of Authorization**

I/We request that the Bank continue the automatic withdrawal I/we have directed from this day forward until the bank receives written notice form me/us to discontinue. Unless I/we give such written notice or unless the Bank terminated this Authorization, this Authorization will remain in full force. In addition, I/we agree to provide the Bank with sixty (60) days advance written notification and authorization to debit in the event I/we wish the Bank to initiate withdrawals from a different acceptable account. Ridgewood Savings Bank may, for any reason and at any time, terminate this Authorization.

**6. Timing of Withdrawals**

I/we agree that if the withdrawal due date falls on Sunday or a holiday, my/our account will be debited the next business day.

**7. Late Charges and Fees for Insufficient Funds/Authorization for Automatic Withdrawal of late Charges and Fees**

I/We agree that the bank may charge me/us a fee each time my/our account does not contain sufficient or available funds to make my/our full Maintenance Fee withdrawal due date (the “insufficient funds fee”). I/We also authorize the Bank to increase my monthly Maintenance Fee payment by the amount of any late charges incurred by me/us and to automatically deduct the late charge as part of the increased monthly Maintenance Fee payment from the account described in Paragraph 1 of this Authorization. I/We understand that the Bank is not obligated to automatically deduct any late charges or insufficient funds fees incurred by my/us and I/we will remain responsible for any incurred late charges or insufficient funds fees. If the Bank bills me/us for any late charges or insufficient funds fees incurred by me/us, I/we agree to pay to the Bank the late charge or insufficient funds fees incurred by me/us, I/we agree to pay to the Bank the late charge or insufficient funds fee within five (5) days after the Bank notifies me/us.

**8. Acknowledgement of Receipt.**

By signing below, I/we hereby acknowledge that a copy of this Authorization has been provided to me/us.

**9. Commencement of Automatic Withdrawals**

I/we understand that we should continue to remit my/our monthly Co-op Maintenance Fee payments by check until such time as I/we receive written confirmation from the Bank of the date the automatic payments will begin.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date