



TRANSFER MANAGEMENT SET-UP FORM

Add Update Delete

Existing TMS Number: _____ DATE: _____

CUSTOMERS NAME AND ADDRESS

PHONE NUMBER

I, Hereby Authorize and Request THE SOUTH SHORE BANK to effect the following transaction:

Weekly Bi-Weekly Monthly

From Account:

To Account:

Savings # _____

Savings # _____

DDA # _____

DDA # _____

Amount \$ _____

For Payment of Mortgage # _____

1st Trans-action date _____

Loan # _____

IF AT ANY TIME THIS TRANSFER IS TO BE STOPPED IT WILL BE THE CUSTOMERS' RESPONSIBILITY TO NOTIFY THE BANK IN WRITING AT LEAST 30 DAYS BEFORE THE TRANSACTION DATE.

IF A DATE FOR PAYMENT/TRANSFER IS A NON-BANKING DAY (WEEKEND OR HOLIDAY) – THE TRANSACTION WILL OCCUR THE FOLLOWING BUSINESS DAY. THIS IS THE CASE FOR DEPOSITS AND LOANS.

Witness Name

CUSTOMER SIGNATURE

Witness Title

Internal Use Only:

- *Mortgage & Loan Payments are forwarded to Loan Servicing
- *Deposits are forwarded to Deposit Operations
- *In the amount field for Loan & Mortgage payments, enter "regular payment amount"