



Dear Customer(s):

Let Blue Foundry Bank® simplify your life with a convenient option to submit your monthly loan payments!

Whether your account is held at Blue Foundry Bank® or at another financial institution, our automated funds transfer service is a hassle-free way to have your loan payment automatically deducted from your checking or statement savings account.

Once enrolled in this service, you can put away your checkbook and stamps since the amount due on your loan plus any additional principal that you wish to pay will automatically be deducted from your account each month. When you enroll, the funds are then electronically submitted to us for immediate credit to your loan.

Once you complete the form, please send it via email; LoanServicing@BlueFoundryBank.com, via fax; 201-507-3248 or you may mail it to:

Blue Foundry Bank®
Attention: Loan Servicing Department
P. O. Box 986500
Boston, MA 02298-6500

You will receive written confirmation from us before your first payment is debited from your account.

If your checking or statement savings account is with Blue Foundry Bank®, you also have the option of paying your loan through our telephone system or eBanking online service. To sign up for our telephone banking system, please call 1-866-791-1022 and follow the prompts. To enroll in our eBanking service, please visit BlueFoundryBank.com, select enroll on the top right hand corner, and follow the instructions. If you should require assistance, please contact an eBanking team member at 201-972-8933.

Blue Foundry Bank® is committed to optimizing your banking experience.

If you have any questions, please contact one of our loan servicing team members at 201-972-8899.

On behalf of the entire organization, our thanks, we look forward to exceeding your expectations every day!

Sincerely,
Linda Pesch
Assistant Vice President

Blue Foundry Bank®

P. O. Box 986500, Boston, MA 02298-6500

Authorization for Preauthorized Payments

I/We authorize Blue Foundry Bank® to initiate debit entries from the account indicated below for the purpose of accomplishing the monthly payment of the loan account also indicated below.

I/We understand that if the authorized date falls on a Sunday or a bank holiday, the funds will be deducted from my account on the next business day. Please indicate below the day of the month that you would like your loan paid.

In the event that funds are not available for withdrawal from my account, I/We will be responsible for making my loan payment that month.

I/We understand that the loan payment transfer service is an alternative method of payment only and does not otherwise affect my rights or the rights of Blue Foundry Bank®. I/We further understand that Blue Foundry Bank® reserves the right to terminate the transfer service and/or my participation in it. If I/We wish to discontinue my participation in the transfer service, I/We may do so by notifying Blue Foundry Bank® in writing to: Loan Servicing Dept., P. O. Box 986500, Boston, MA 02298-6500. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

ACCOUNT HOLDER NAME(s) (Please Print): _____

ACCOUNT HOLDER SIGNATURE: _____ (Date)

ACCOUNT HOLDER SIGNATURE: _____ (Date)

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

TELEPHONE: HOME: _____ BUSINESS: _____

LOAN ACCOUNT NUMBER: _____

CURRENT MONTHLY PAYMENT: _____ **Additional Principal:** _____

I understand that the total amount due will be collected and that this is an amount which may vary. I have the right to receive notice at least 10 days in advance of the due date of any payment of a varying amount.

BANK DRAWN ON: _____

ADDRESS OF BANK: _____

BANK ROUTING NO: _____ *FORMATTED ACCOUNT NO: _____

***Please attach a voided check for the checking account that your payment will be debited from. (Not necessary for any statement savings or any Blue Foundry bank accounts).**

INDICATE: CHECKING () STATEMENT SAVINGS ()

FREQUENCY: MONTHLY DAY OF MONTH _____ EFFECTIVE DATE: _____

NOTE: There will be a \$20.00 charge to your account when we are unable to make your payment due to insufficient funds.

For Office Use Only:

Grace Day's _____

Date Received _____

Effective Date of Transfer _____

Processed By _____

Acknowledgement Date: _____