



ACH/EFT AUTHORIZATION FORM

I (we) hereby authorize WaterStone to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until WaterStone is notified by me (us) in writing to cancel it in such time as to afford WaterStone and the financial institution a reasonable opportunity to act on it. (Please attach a **VOIDED Check** to the form and return in the enclosed envelope or you may fax form to 719.447.4700.)

FINANCIAL INSTITUTION INFORMATION

Name of Institution	
Address	
Routing Number	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	
Payment Amount*	

PAYEE INFORMATION

Name	
Address	
Phone Number	
Signature	
Date	

**Attach
Voided
Check Here**

Revised: 09/22/2014