


Church of the Good Shepard Episco  
 214 Main Street  
 Nashua NH 03060

ACCOUNT HOLDER(S)



BAR HARBOR  
 BANK & TRUST

Branch Name: Nashua Main Street

FINANCIAL INSTITUTION

**Automated Clearing House (ACH) Set-up Form**

In this authorization, the words "we," "our," or "us" mean the Financial Institution and the words "you" or "your" mean the Account Holder(s). Text following a box which is not checked does not apply to this agreement. You authorize us to make the following transfer of funds:

<b>From Debited Account:</b> Bank Name: _____ Routing Number _____ Account No. _____ Account Title _____ <hr/> Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking    _____ <input type="checkbox"/> Other		<b>To Credited Account:</b> Bank Name: Bar Harbor Bank & Trust Routing Number 211770200 Account/Loan No. 200005320 Account Title/Loan Description Church of the Good Shepard Episcopal <hr/> Type <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Club Acct. <input type="checkbox"/> Mortgage Loan Payment <input type="checkbox"/> Installment Loan Payment <input type="checkbox"/> Other	
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We will make transfers on the following basis:

PERIODIC TRANSFERS  
 Amount to be Transferred \$ \_\_\_\_\_ Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_  
 Frequency:  Weekly  Monthly  \_\_\_\_\_

1. You understand that if you use a Money Market Account/Savings Account, no more than six (6) transfers can be made during the calendar month.
2. Bar Harbor Bank & Trust reserves the right to require you to give notice, in writing, of any intended withdrawal not less than seven (7) days before such withdrawal is made.
3. I understand that the amount of funds deducted from my deposit account may change due to interest rate and payment changes as described in my loan or mortgage note agreement or due to changes in my escrow payment.

If a transfer date is a non-processing day for us then the transfer will be made on the first processing day  before  after the scheduled transfer date.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
 Employee Name & Number Cathy Donaher/1181 Date \_\_\_\_\_

**TERMINATION OF THIS AGREEMENT:** Any one of you may cancel this agreement by giving us written notice. Your notice will be effective \_\_\_\_\_ ( \_\_\_\_\_ ) days after we receive it.

Effective \_\_\_\_\_ (date) the undersigned cancels this Automatic Transfer Authorization.

Signed \_\_\_\_\_