

Return your completed application along with a voided check to:
Lakeland Bank, 250 Oak Ridge Road, Oak Ridge, NJ 07438

Customer Information

Name _____

Lakeland Bank Loan Number _____

Telephone _____

I (We) hereby authorize LAKELAND BANK, hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Account

Savings Account

at the depository financial institution named below, hereinafter called DEPOSITORY and to debit the same from such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the United States law.

Depository Information

Please provide Bank Name, Information, and **ATTACH YOUR VOIDED CHECK.**

Depository Name _____

Branch _____

City, State, Zip _____

Routing/Transit Number _____

Deposit Account Number _____

Authorized Signer

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Address _____

City, State, Zip _____

Date _____

Authorized Signature _____

PLEASE NOTE: All debt authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. Payments are due and deducted on payment date. There is no grace period. Please allow 5 days processing time once we receive your completed application.

Bank Use Only

Processed by _____

Resp Code _____

Date _____