



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize OceanFirst Bank to initiate debit entries to My/Our account at the DEPOSITORY BANK (identified below), for the purpose of accomplishing the following pre-authorized payments:

- New Authorization Change to Previous Authorization

LOAN NUMBER: _____ NOTE # _____

NAME(S) ON LOAN: _____

FREQUENCY: **Monthly**

- TOTAL PAYMENT AMOUNT DUE
- OR FIXED AMOUNT: \$ _____
- OR ADDITIONAL PRINCIPAL AMOUNT \$ _____

*****The payment draft date will be processed on the Loan Due Date unless otherwise specified below*****

Other Draft Date: _____

OCEANFIRST INTERNAL ACCOUNT INFORMATION

Checking Account Number _____

EXTERNAL BANK ACCOUNT INFORMATION

ABA/ROUTING NO: _____
BANK NAME: _____
BANK/BRANCH ADDRESS: _____
CITY: _____
STATE: _____ Zip: _____ PHONE: _____
ACCOUNT NAME: _____
ACCOUNT NO: _____ Checking

- My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization.
- ◆ I/We understand that this authorization will remain in full force and effect until OceanFirst Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford OceanFirst Bank and/or the DEPOSITORY a reasonable opportunity to act on it.
 - ◆ I/We understand that a service charge will be imposed (to the deposit account) if insufficient funds are available as disclosed on bank's fee schedule.
 - ◆ The amount stated above includes the regular monthly payment plus such additional amounts as may be authorized from time to time pursuant to any loan obligation. (escrow, annual charges etc.)
 - ◆ If any loan on which such payments are to be made is sold or transferred by the bank, its obligation under this agreement shall cease upon written notification to the undersigned.
 - ◆ If the amount in the account is not sufficient to pay in full any monthly payment required under the terms of the Loan, Borrower shall be in default of Borrower's obligation under the Note and Bank shall be entitled to exercise all its rights to enforce payment.

NAME(S) ON DEPOSIT ACCOUNT (Print or Type) _____

Authorized Signature: _____ (Date) _____

****Return completed and signed form to email address: RCS-Tmatic@oceanfirst.com or mail to OceanFirst Bank, Attn: Loan Servicing Department, 975 Hooper Avenue, Toms River, NJ 08753**