



Grand Savings Bank

Extreme Banking

AUTOMATIC FUNDS TRANSFER AUTHORIZATION / CHANGE

NEW REQUEST

Date: 09.03.2019

CSR:

ARHINE

Transfer Type:

Checking to Loan

FROM	Account Number:	14349501	TO	Account Number:	600923478
	Account Name:	SURYAH INV LLC		Account Name:	SURYAH INV LLC
	CIF Number:	S104001-0		CIF Number:	S104001-0
	Account Type:	Checking		Account Type:	Loan

Loan
Payment:

\$100.00

Loan Pmt
Date:

09.15.2019

Expiration
Date:

Transfer
Frequency:

Monthly

Requested
Payment:

\$100.00

Requested
Pmt Date:

09.15.2019

I hereby authorize the bank to initiate the above described transfer. This authorization is to remain in full force and effect until Bank has received written notification from me of it's termination in such time and in such manner as to afford Bank a reasonable opportunity to act on it; such time being not less than twenty (20) days prior to the next scheduled transfer. A service charge may be deducted from the account for each external transfer to another financial institution.

PLEASE NOTE: Any final loan payment will NOT be taken automatically. It will be the borrower's responsibility to contact Grand Savings Bank directly to make any arrangements for extension/renewal of the debt or the final loan payment that is due.

Customer Name: SANTHOSH K THIRUMALAI

Daytime Phone:

Customer's Signature:

SPECIAL INSTRUCTIONS

THIS IS TO BE PRINCIPAL ONLY (TC 14)

Input by:

Verified by:

Date:

Date:



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Loan
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\$100.00

Loan Pmt
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Customer Name:	SANTHOSH K THIRUMALAI	Daytime Phone:	
Customer's Signature:			

SPECIAL INSTRUCTIONS

THIS IS TO BE PRINCIPAL ONLY (TC 14)

Input by:

Verified by:

Date:

Date:

Individual ACH Payment Authorization

Use this form for individuals who want to transfer funds to/from our financial institution, to/from another financial institution. (For miscellaneous payments or loans at other banks)

Amount: \$100.00

Payment Term: 1 Month

DEBIT ACCOUNT INFORMATION:

I(we) hereby authorize Grand Savings Bank, hereinafter called Company, to initiate **DEBIT ENTRIES** for Suryah Investments LLC to my ☒ Checking ☐ Savings account (select one) indicated below and the depository named below, hereinafter called Depository, to **DEBIT** same such account.

Depository Name: Integrity First Bank Branch: _____

City: _____ State: OH Zip: _____

Transit/ABA #: 82901033 Account #: 00093005

First Transaction Date: 09/15/2019 Expiration Date: _____ Notify Bank _____

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

Name(s): Santhosh K Thirumalai _____

Signature _____ Date _____

Signature _____ Date _____

CREDIT ACCOUNT INFORMATION:

I(we) hereby authorize Grand Savings Bank, hereinafter called Company, to initiate **CREDIT ENTRIES** for Suryah Investments LLC to my ☒ Checking ☐ Savings ☐ Loan account (select one) indicated below and the depository named below, hereinafter called Depository, to **CREDIT** same such account.

Depository Name: Suryah Investments LLC Branch: 05/Decatur

City: Decatur State: AR Zip: 72722

Transit/ABA #: 303187675 Account #: 14349501

First Transaction Date: 09/15/2019 Expiration Date: _____

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

Name(s): Santhosh K Thirumalai _____

Signature _____ Date _____

Signature _____ Date _____

Individual ACH Payment Authorization

Use this form for individuals who want to transfer funds to/from our financial institution, to/from another financial institution. (For miscellaneous payments or loans at other banks)

Amount: \$\$100.00

Payment Term: 1 Month

DEBIT ACCOUNT INFORMATION:

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Depository Name: Integrity First Bank Branch: _____

City: _____ State: OH Zip: _____

Transit/ABA #: 82901033 Account #: 00093005

First Transaction Date: 10/01/2019 Expiration Date: _____ Notify Bank _____

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

Name(s): Santhosh K Thirumalai _____

Signature _____ Date _____

Signature _____ Date _____

CREDIT ACCOUNT INFORMATION:

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City: Decatur State: AR Zip: 72722

Transit/ABA #: 303187675 Account #: 14349501

First Transaction Date: 10/01/2019 Expiration Date: _____

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Name(s): Santhosh K Thirumalai _____

Signature _____ Date _____

Signature _____ Date _____