

AUTOMATIC TRANSFER OF FUNDS



Bank your best.™

ACCOUNT INFORMATION

Which account would you like to draw from?

Customer Name: _____

Account Number: _____

Type of Account: _____

Which account would you like to transfer to?

Customer Name: _____

Account Number: _____

Type of Account: _____

TRANSFER INFORMATION

How much would you like to transfer and how often?

Amount To Be Transferred: _____

Date of Transfer Start: _____

Frequency of Transfer: ☐ Weekly (50 Payments) ☐ Bi-Weekly (25 Payments)

☐ Other _____

Customer Signature: _____

Employee Signature: _____

Date: _____

Banking Center: _____

Typing your name exactly as it appears above signifies you are completing this form using an electronic signature. By signing electronically, you certify that you have read and understand the document and agree to electronically sign. You also agree to receive required disclosures or other communications related to this document electronically.

