



TRANSFER AUTHORIZATION FORM

DATE _____

CUSTOMER NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

NAME AND ADDRESS OF FINANCIAL INSTITUTION

TYPE OF ACCOUNTS:

CHECKING ACCOUNT # _____

SAVINGS ACCOUNT # _____

MONEY MARKET SAVINGS # _____

MONEY MARKET CHECKING # _____

CERTIFICATE OF DEPOSIT # _____

- PLEASE REMOVE \$ _____ FROM MY CHECKING ACCOUNT # _____
- PLEASE REMOVE THE ENTIRE BALANCE FROM MY _____ ACCOUNT, ACCOUNT # _____
- PLEASE REDEEM MY CERTIFICATE OF DEPOSIT # _____ AT MATURITY

TRANSMIT THE FUNDS TO _____

ADDRESS: _____

ATTN: CUSTOMER SERVICE REP: _____, PHONE _____

CUSTOMER SIGNATURE

DATE

State of _____
_____ County } ss

On this _____ day of _____, before me personally appeared _____ to me known to be persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.

Notary Public (County) _____ (State) _____
My commission expires _____