

ACCOUNT FUNDS TRANSFER REQUEST VIA FAX

Fax this request to the Customer Service Center as soon as the form is completed.

1-877-264-2265

Please transfer the following funds as described below: Request made: In Person By Phone By Fax

Requested by: _____ Date of Transfer: _____ Time: _____
Customer Name

DEBIT:

Name on Account _____ Debit Account # _____ Amount of Transfer _____
 DDA SAV MMA

CREDIT:

Name on Account _____ Credit Account # _____ Amount of Transfer _____
 DDA SAV

Name on Account _____ Credit Account # _____ Amount of Transfer _____
 DDA SAV

Name on Account _____ Credit Account # _____ Amount of Transfer _____
 DDA SAV

Name on Account _____ Credit Account # _____ Amount of Transfer _____
 DDA SAV

Name on Account _____ Credit Account # _____ Amount of Transfer _____
 DDA SAV

Name on Account _____ Credit Account # _____ Amount of Transfer _____
 DDA SAV

Signature: _____
Customer Signature

FOR BRANCH ONLY

Received by _____ Br.# _____ Memo posted by _____ Supervisor Approval _____
(If applicable)

FOR CSC ONLY Processed by _____