



Funds Transfer Change Form

Use this form to add, delete or change funds transfer templates. Mail or bring this form to your local branch.

	Transfer Template #1 <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Transfer Template #2 <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Transfer Template #3 <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Transfer Template #4 <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Transfer Template #5 <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
Transfer ID	_____	_____	_____	_____	_____
Additional Approval Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Groups	_____	_____	_____	_____	_____
Minimum Amount (\$)	_____	_____	_____	_____	_____
Maximum Amount (\$)	_____	_____	_____	_____	_____
Account Information					
From Account	_____	_____	_____	_____	_____
From Account Type	_____	_____	_____	_____	_____
From Account R/T Number	_____	_____	_____	_____	_____
To Account	_____	_____	_____	_____	_____
To Account Type	_____	_____	_____	_____	_____
To Account R/T Number	_____	_____	_____	_____	_____
ACH In/Out					
From Account Name:	_____	_____	_____	_____	_____
To Account Name	_____	_____	_____	_____	_____
Tax Payment					
Tax Type Code	_____	_____	_____	_____	_____
Tax Information ID 1	_____	_____	_____	_____	_____
Tax Information ID 2	_____	_____	_____	_____	_____
Tax Information ID 3	_____	_____	_____	_____	_____
Domestic Wire					
To Institution Name	_____	_____	_____	_____	_____
To Institution Address	_____	_____	_____	_____	_____
To Institution City, St, Zip	_____	_____	_____	_____	_____
Beneficiary Institution R/T Number	_____	_____	_____	_____	_____
Beneficiary Institution Name	_____	_____	_____	_____	_____
Beneficiary Institution Address	_____	_____	_____	_____	_____
Beneficiary Institution City, St, Zip	_____	_____	_____	_____	_____
Beneficiary Name	_____	_____	_____	_____	_____
Beneficiary Name Address	_____	_____	_____	_____	_____
Beneficiary Name City, St, Zip	_____	_____	_____	_____	_____
Additional Approval Required					
Does this transfer require approval from two people?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized Signature

Print Name

Title

____/____/____
Date



**ANY FILE TRANSFER, INTERNAL FUNDS TRANSFER OR ACH TRANSFER CONDUCTED AFTER 3:00 PM WILL BE EFFECTIVE THE NEXT BUSINESS DAY.
ANY WIRE TRANSFER CONDUCTED AFTER 3:00 PM WILL BE EFFECTIVE THE NEXT BUSINESS DAY.**