

**AUTHORIZATION TO TRANSFER FUNDS
BETWEEN ACCOUNTS**

Date: _____

Reason for transfer: _____

Transfer from account: _____

Transfer to account: _____

Amount to transfer: _____

Requested by: _____

Authorized by: _____

(Authorized Check Signer)

(Authorized Check Signer)

*This form must be signed by two authorized check signers before any transfer may be made.
Signatures by facsimile copy will be accepted.*

| | |
|------------------------|-------------------------------|
| Date of Transfer _____ | Bank Transaction Number _____ |
|------------------------|-------------------------------|