

Revised 1/23/2018	Automatic Transfer Authorization			Member FDIC
DATE:	EMPLOYEE:			ELHOLN
CUSTOMER NAME:			SSN:	
BUSINESS NAME: CUSTOMER ADDRESS:			TIN: PHONE #:	
COSTOWER ADDRESS.				
	(City)	(State)	(Zip)	
TRANSFER FROM				
Account No:				
Account Type ☐ Checking				
Account Loca	☐ Savings			
☐ Internal	☐ External (Please attach a	a voided check)		
	Account Name:			
	Institution Name:			
	Routing Number:			
TRANSFER TO				
Account No:				
Account Type	:		For <u>INTERNAL</u> mortgag	
□ Checking	☐ Savings ☐ Mortgage	☐ Loan	If the mortgage/loan is institution, the custome	
Account Loca	tion:		up a transfer with that	
☐ Internal	☐ External (Please attach a	voided check)	·	
	Account Name:			
	Institution Name:			
	Routing Number:			
PAYMENT INSTRUCTI	ONS			
Amount: \$		*Beginning Date		
Frequency:	Monthly		hoose 1st, 5th, 10th, 12th, 14th	
NOTE: THE INITIAL SETUP	TIME REQUIREMENT IS 30 DAYS	FOR EXTERNAL TRANSFERS	S (15 DAYS FOR INTERNAL) 1	O BE SETUP.
AUTHORIZATION			(61)	
	nk ("bank") to make the transfer(s) indicate or authorization is hereby cancelled, and I ir			
• •	the above transfer(s) occur(s). If the transformater that date. I understand that I can call			•
my responsibility to have sufficient	funds available in my account one business sufficient funds are not available in my Cacl	s day prior to and on the transfer	date(s) in order for the bank to ma	ke the automatic
may not be made. I further acknow	vledge that the bank will not be liable for a	ny charges, including but not limit	ted to, any charges related to items	returned because
transfer must be received by the ba	charges or additional interest if this author ank no less than 10 business days prior to the	he next scheduled transfer date a	nd shall be effective only with respe	ect to entries
initiated by the bank after the bank accounts listed above.	chas had a reasonable time to act. By my s	signature, I guarantee that I have l	legal right to conduct any and all bu	siness on the
X	X			
Customer Signature		omer Printed Name	Date	<u> </u>
-	FC	DR OFFICE USE ONLY		
Internal Transfer(s) Completed	d By:	Da	te: B	ranch #:
External Transfers (to/from) se	end to support@cachevalleybank.com	☐ Transfers to CVB N	fortgage accounts - send to suppor	rt@cachevalleybank.com
External Transfer(s) Complete	d By:	Document scanned	d and indexed on Arc Image.	